

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mast for Congress

A. Full Name (Last, First, Middle Initial)
MACDONALD, JILL, N., MS.,
Mailing Address 1503 NW BUTTONBUSH CIR

City State Zip Code
PALM CITY FL 34990-8080

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
NONE RETIRED

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 10 2020

Transaction ID : SA11A.280068

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
MALDONADO, CARLOS, , DR.,
Mailing Address 1845 SE ST LUCIE BLVD

City State Zip Code
STUART FL 34996-4230

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
CLEVELAND CLINIC SURGEON

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1208.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 12 2020

Transaction ID : SA11A.280061

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
MALDONADO, CARLOS, , DR.,
Mailing Address 1845 SE ST LUCIE BLVD

City State Zip Code
STUART FL 34996-4230

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
CLEVELAND CLINIC SURGEON

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1208.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 12 2020

Transaction ID : SA11A.280090

Amount of Each Receipt this Period

56.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

156.00