

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
PERDUE FOR SENATE

A. Full Name (Last, First, Middle Initial) WETHERBEE, FRANK, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2019		
Mailing Address PO BOX 3650			Transaction ID : SA11AI.40781		
City ALBANY	State GA	Zip Code 31706	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Memo Item EARMARKED THROUGH WINRED [SA11AI.31322]			
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1650.00			
B. Full Name (Last, First, Middle Initial) WETHERBEE, FRANK, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2019		
Mailing Address PO BOX 3650			Transaction ID : SA11AI.40783		
City ALBANY	State GA	Zip Code 31706	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		Memo Item EARMARKED THROUGH WINRED [SA11AI.31359]			
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1700.00			
C. Full Name (Last, First, Middle Initial) WHITE, DENNIS, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2019		
Mailing Address 2865 LENOX RD NE APT 607			Transaction ID : SA11AI.33134		
City ATLANTA	State GA	Zip Code 30324	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer ALLIANT HEALTH SOLUTIONS		Occupation CEO			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 775.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			175.00		
TOTAL This Period (last page this line number only)..... ▶					