

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**Full Name (Last, First, Middle Initial)  
**WINRED****A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2089315.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		12		2019

Transaction ID : SA11C.6945845992

Amount of Each Receipt this Period

500.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**B.** Full Name (Last, First, Middle Initial)  
**TEFO, RICHARD, , ,**

Mailing Address 660 MOUNT MARY DRIVE

City  
GREEN BAYState  
WIZip Code  
54311-5810FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

GBAA

PHYSICIAN

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2019

Transaction ID : SA11A.71755

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2089315.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		12		2019

Transaction ID : SA11C.6945846004

Amount of Each Receipt this Period

500.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

500.00

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