

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

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

FOR LINE NUMBER: PAGE 1559 OF 2567
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
McSally For Senate Inc

A. Full Name (Last, First, Middle Initial)
PERKINS-LEONE, PATRICIA, , ,

Mailing Address 13385 ROBLEDA RD

City LOS ALTOS HILLS	State CA	Zip Code 94022-3490
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FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : SA11A.649673

Amount of Each Receipt this Period
2800.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PERKINS-LEONE, PATRICIA, , ,

Mailing Address 13385 ROBLEDA RD

City LOS ALTOS HILLS	State CA	Zip Code 94022-3490
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FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation HOMEMAKER
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : SA11A.649674

Amount of Each Receipt this Period
2800.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PERLOV, DELIA, , ,

Mailing Address 369 DUDLEY RD

City NEWTON	State MA	Zip Code 02459-2832
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FEC ID number of contributing federal political committee. **C**

Name of Employer TUFTS UNIVERSITY	Occupation PHYSICIST
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Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : SA11A.624744

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	6600.00
TOTAL This Period (last page this line number only)..... ▶	