

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)
Stanton for Congress

A. Full Name (Last, First, Middle Initial) Adair, Mary, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2020		
Mailing Address 15430 E Crested Butte Trl			Transaction ID : VNW42HB9V07		
City Fountain Hills	State AZ	Zip Code 85268-5984	Amount of Each Receipt this Period _____ 2800.00		
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>			
Name of Employer Self Employed		Occupation Business Owner		* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5000.00			
B. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2020		
Mailing Address 366 Summer St			Transaction ID : VNW42HB9V07E		
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Receipt this Period _____ 2800.00		
FEC ID number of contributing federal political committee. C		Memo Item <input checked="" type="checkbox"/>			
Name of Employer 		Occupation Conduit total listed in Agg. field		Note: Above Contribution earmarked through this organization.	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 131899.58			
C. Full Name (Last, First, Middle Initial) Adair, Mary, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 24 / 2020		
Mailing Address 15430 E Crested Butte Trl			Transaction ID : VNW42HK5YJ2		
City Fountain Hills	State AZ	Zip Code 85268-5984	Amount of Each Receipt this Period _____ 2200.00		
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>			
Name of Employer Self Employed		Occupation Business Owner		* Earmarked Contribution: See Below	
Receipt For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5000.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 5000.00		
TOTAL This Period (last page this line number only)..... ▶			_____		