

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)
McSally For Senate Inc

A. Full Name (Last, First, Middle Initial)
CROW, DAVID, , ,

Mailing Address 4010 RAVENSWAY COURT

| | | |
|------------------|-------------|------------------------|
| City PEARLAND | State TX | Zip Code 77584-7780 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation 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
11 12 2019

Transaction ID : SA11A.739813

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CROW, DAVID, , ,

Mailing Address 4010 RAVENSWAY COURT

| | | |
|------------------|-------------|------------------------|
| City PEARLAND | State TX | Zip Code 77584-7780 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--------------------------|-----------------------|
| Name of Employer NONE | Occupation 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
11 20 2019

Transaction ID : SA11A.743672

Amount of Each Receipt this Period

25.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CROWELL, HARRY, C., MR.,

Mailing Address 3189 AIRWAY AVE UNIT D

| | | |
|--------------------|-------------|------------------------|
| City COSTA MESA | State CA | Zip Code 92626-4612 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|----------------------------------|
| Name of Employer INSCO INSURANCE SERVICE I | Occupation SECURITY INSURANCE |
|---|----------------------------------|

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

Election Cycle-to-Date ▼
550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 15 2019

Transaction ID : SA11A.723405

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

175.00

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

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