

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)

PAGE 396 OF 822

☒ 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) WHITE, DENNIS, , ,			Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2019	
Mailing Address 2865 LENOX RD NE APT 607			Transaction ID : SA11AI.23986	
City ATLANTA	State GA	Zip Code 30324	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> 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 ▼ 700.00		
B. Full Name (Last, First, Middle Initial) WHITE, DENNIS, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 27 / 2019	
Mailing Address 2865 LENOX RD NE APT 607			Transaction ID : SA11AI.25958	
City ATLANTA	State GA	Zip Code 30324	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> 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 ▼ 725.00		
C. Full Name (Last, First, Middle Initial) WHITE, DENNIS, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2019	
Mailing Address 2865 LENOX RD NE APT 607			Transaction ID : SA11AI.29177	
City ATLANTA	State GA	Zip Code 30324	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> 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 ▼ 750.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			75.00	
TOTAL This Period (last page this line number only)..... ▶				