

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

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

FOR LINE NUMBER: PAGE 8 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ADAM KINZINGER - FUTURE 1ST COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHRISTIE, ROBERT, , MR.,

Mailing Address 211 E ONTARIO

City
CHICAGOState
ILZip Code
60611-3468FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NORTHWESTERN MEMORIAL HEALTHCARE

Occupation (for Individual)

SENIOR VP EXT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2020

Transaction ID : SA11A.23627

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COCAGNE, DAVID, J., MR.,

Mailing Address 3237 N LEAVITT STREET

City
CHICAGOState
ILZip Code
60618-6340FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2020

Transaction ID : SA11A.23681

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DALY, PATRICK, , MR.,

Mailing Address 1S560 VERDON DRIVE

City
WINFIELDState
ILZip Code
60190-1700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

THE DALY GROUP

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2020

Transaction ID : SA11A.23705

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

2500.00

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