

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 146 OF 308

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Zeldin For Congress

A. Full Name (Last, First, Middle Initial) Stahl, Jeffrey, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2019	
Mailing Address 64 Jerome Avenue			Transaction ID : SA11AI.102766	
City New Rochelle	State NY	Zip Code 10804	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Dr Jeffrey Stahl, M.D.		Occupation Physician		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00		
B. Full Name (Last, First, Middle Initial) Staveley, Arthur, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2019	
Mailing Address 26262 Evesboro Lane			Transaction ID : SA11AI.104316	
City Eden	State MD	Zip Code 21822	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Retired		Occupation Retired		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Steinberg, Jay, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2019	
Mailing Address 50 Clearview Street			Transaction ID : SA11AI.105514	
City Huntington	State NY	Zip Code 11743	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer NYU Langone Medical Group		Occupation Physician		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			600.00	
TOTAL This Period (last page this line number only)..... ▶				