

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Cotton for Senate**Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219-1891**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

374749.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	2	0

Transaction ID : SA11C.164164455

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
**CROSS, ANNE, L.,**

Mailing Address 657 MORRISON SPRINGS ROAD

City  
**CHATTANOOGA**State  
**TN**Zip Code  
**37415-3401**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2020

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	2	0

Transaction ID : SA11A.164175

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219-1891**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2020

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

374749.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	2	0

Transaction ID : SA11C.164164462

Amount of Each Receipt this Period

50.00

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

50.00

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