

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)
ALASKANS FOR DAN SULLIVAN

A. Full Name (Last, First, Middle Initial) TREADWELL, MEAD, , , Mailing Address 528 N STREET City ANCHORAGE State AK Zip Code 99501-1916 FEC ID number of contributing federal political committee. C Name of Employer TREADWELL DEVELOPMENT Occupation INVESTOR Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1250.00			Date of Receipt M M / D D / Y Y Y Y Y 11 04 2019 Transaction ID : A78FBBB872A964CAEA0A Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item	
B. Full Name (Last, First, Middle Initial) TREADWELL, MEAD, , , Mailing Address 528 N STREET City ANCHORAGE State AK Zip Code 99501-1916 FEC ID number of contributing federal political committee. C Name of Employer TREADWELL DEVELOPMENT Occupation INVESTOR Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y 12 31 2019 Transaction ID : A8456D6E6EF674E8BAC7 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item EARMARKED (NON-DIRECTED) THROUGH WINRED	
C. 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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 120717.30			Date of Receipt M M / D D / Y Y Y Y Y 12 31 2019 Transaction ID : A8AF936A8FC98494F9C0 Amount of Each Receipt this Period 250.00 <input checked="" type="checkbox"/> Memo Item INTERMEDIARY TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.	
SUBTOTAL of Receipts This Page (optional)..... ▶			500.00	
TOTAL This Period (last page this line number only)..... ▶				