

**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 10 OF 241
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ami Bera for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin B. Bera**

Mailing Address 41 Exploration

City Irvine State CA Zip Code 92618-8850

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Student

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : VN8MYDY2720**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kishen Bera**

Mailing Address 41 Exploration

City Irvine State CA Zip Code 92618-8850

FEC ID number of contributing federal political committee. **C**

Name of Employer UCI Medical Center Occupation Team Leader

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : VN8MYDY2712**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Susan Berghoef**

Mailing Address 30 W Oak St Apt 3A

City Chicago State IL Zip Code 60610-8715

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

**Transaction ID : VN8MYDWMS00**

Amount of Each Receipt this Period  
 2700.00

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

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

4700.00