

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

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

FOR LINE NUMBER: PAGE 607 OF 2868

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ilhan for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) De Bont, Jan, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2020	
Mailing Address 501 S Beverly Dr FI 3			<b>Transaction ID : VVBVHQQG72N0</b>	
City Beverly Hills	State CA	Zip Code 90212-4520	Amount of Each Receipt this Period _____ 12.50	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self-Employed		Occupation Director	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 808.29		

<b>B.</b> Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2020	
Mailing Address PO Box 441146			<b>Transaction ID : VVBVHQQG72N0E</b>	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 12.50	
FEC ID number of contributing federal political committee. C C00401224			<input checked="" type="checkbox"/> Memo Item	
Name of Employer 		Occupation Conduit total listed in Agg. field	Note: Above Contribution earmarked through this organization.	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 375042.60		

<b>C.</b> Full Name (Last, First, Middle Initial) De Bont, Jan, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2020	
Mailing Address 501 S Beverly Dr FI 3			<b>Transaction ID : VVBVHQQGJZY7</b>	
City Beverly Hills	State CA	Zip Code 90212-4520	Amount of Each Receipt this Period _____ 12.50	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self-Employed		Occupation Director	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 808.29		

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

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

\_\_\_\_\_ 25.00  
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