

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

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

FOR LINE NUMBER: PAGE 265 OF 3296

(check only one)

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

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NAME OF COMMITTEE (In Full)
John Lewis for Congress

A. Full Name (Last, First, Middle Initial) Perry, Irma, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 08 27 2017	
Mailing Address 4109 Dorman Dr Nashville TN37215			Transaction ID : VTEA4MA35S0	
City Nashville	State TN	Zip Code 37215-2404	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Not Employed		Occupation n/a	* Earmarked Contribution: See Below	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 325.00		

B. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y Y 08 27 2017	
Mailing Address PO Box 382110			Transaction ID : VTEA4MA35S0E	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C C00401224			<input checked="" type="checkbox"/> Memo Item	
Name of Employer Conduit total listed in Agg. field		Occupation Conduit total listed in Agg. field	Note: Above Contribution earmarked through this organization.	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 264194.39		

C. Full Name (Last, First, Middle Initial) Perkins, James, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 16 2017	
Mailing Address 906 Michigan Ave Apt 3			Transaction ID : VTEA4MERVS0	
City Evanston	State IL	Zip Code 60202-5420	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 NorthShore University HealthSystem		Occupation Physician	* Earmarked Contribution: See Below	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1100.00		

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	