

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

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

FOR LINE NUMBER:

PAGE 49 OF 98

(check only one)

<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Justin Fareed for Congress

Full Name (Last, First, Middle Initial)

Yuri Bon

Mailing Address 4610 Densmore Avenue, #15

City	State	Zip Code
Encino	CA	91436

FEC ID number of contributing federal political committee.

C

Name of Employer  
MedResponseOccupation  
General Office

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : INCA792

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Aglaida Cojocari

Mailing Address 12645 Oxnard Street, #13

City	State	Zip Code
North Hollywood	CA	91606

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Cosmetologist

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : INCA796

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Aglaida Cojocari

Mailing Address 12645 Oxnard Street, #13

City	State	Zip Code
North Hollywood	CA	91606

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Cosmetologist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : INCA797

Amount of Each Receipt this Period

2700.00

☐ Memo Item

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

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

8100.00