

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

California Association of Winegrape Growers - Federal

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mooney, Jim, , ,

Mailing Address 2536 Broadway

City

San Francisco

State

CA

Zip Code

94115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Jim Mooney

Occupation (for Individual)

Winegrape Grower

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2019

Transaction ID : INCA910

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mount, Robert, , ,

Mailing Address 546 Tucker Street

City

Healdsburg

State

CA

Zip Code

95448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Robert Mount

Occupation (for Individual)

Winegrape Grower

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2019

Transaction ID : INCA921

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Satragni, John, , ,

Mailing Address 22000 W. Shields

City

Kerman

State

CA

Zip Code

93630

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

John Satragni

Occupation (for Individual)

Winegrape Grower

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2019

Transaction ID : INCA907

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00