

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

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

FOR LINE NUMBER: PAGE 64 OF 440

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Fair Fight**

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

**A. Coney, Chanel, , ,**

Mailing Address 1000 W Washington Blvd  
Unit 133

City  
Chicago

State  
IL

Zip Code  
60607-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CFI Partners

Occupation (for Individual)  
Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2019

**Transaction ID : VR060SR9M05**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Non-Contribution Account

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

**B. Conrad, James, , ,**

Mailing Address 107 W Maple St

City

Alexandria

State  
VA

Zip Code  
22301-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2019

**Transaction ID : VR060SQZHX9**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Non-Contribution Account

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

**C. Conway, Amy, , ,**

Mailing Address 104 Franklin St

City

New York

State  
NY

Zip Code  
10013-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2019

**Transaction ID : VR060SRBGP5**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Non-Contribution Account

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

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

1250.00