

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 305 OF 440

(check only one)

<input 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 checked="" type="checkbox"/> 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. Soellner, Anna, , ,

Mailing Address 3991 20Th St

City

San Francisco

State

CA

Zip Code

94114-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Reddit

Occupation (for Individual)

Comms Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	9		

Transaction ID : VR060SR5KH6

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. Solano, Martha, , ,

Mailing Address 3750 Peachtree Rd NE  
Apt 475

City

Atlanta

State

GA

Zip Code

30319-1563

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

None

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	9		

Transaction ID : VR060SRFA19

Amount of Each Receipt this Period

50.00

☐ Memo Item

Non-Contribution Account

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

C. Solem, Rachael, , ,

Mailing Address 5 Bacon St

City

Wellesley

State

MA

Zip Code

02482-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Irving House Corporation

Occupation (for Individual)

Hotelier

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	2			2	0	1	9		

Transaction ID : VR060SRC8T8

Amount of Each Receipt this Period

250.00

☐ Memo Item

Non-Contribution Account

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

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

550.00