

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Friends of Don Beyer**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Linda Puller</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2016
Mailing Address 1805 Windmill Ln		<b>Transaction ID : VNJ1EEB30V8</b>  Amount of Each Receipt this Period _____ 500.00 <input type="checkbox"/> Memo Item  * Earmarked Contribution: See Below
City Alexandria	State VA	
Zip Code 22307-1946		
FEC ID number of contributing federal political committee. C _____		
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>ACTBLUE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2016
Mailing Address PO Box 382110		<b>Transaction ID : VNJ1EEB30V8E</b>  Amount of Each Receipt this Period _____ 500.00 <input checked="" type="checkbox"/> Memo Item  Note: Above Contribution earmarked through this organization.
City Cambridge	State MA	
Zip Code 02238-2110		
FEC ID number of contributing federal political committee. C C00401224		
Name of Employer	Occupation Conduit total listed in Agg. field	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 110331.50	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>John Raffaelli</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 503 High St		<b>Transaction ID : VNJ1EEC26V5</b>  Amount of Each Receipt this Period _____ 1000.00 <input type="checkbox"/> Memo Item  * Earmarked Contribution: See Below
City Alexandria	State VA	
Zip Code 22302-4111		
FEC ID number of contributing federal political committee. C _____		
Name of Employer Capitol Counsel	Occupation Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____