

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Team JOSH Committee

A. Falic, Jana, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 06 / 20 / 2017</div> </div> Transaction ID : A2E78DC4E305240DA8B9	
Mailing Address			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div>	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div>	
Name of Employer (for Individual) Information Requested			Occupation (for Individual) Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
B. Falic, Jerome, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 06 / 20 / 2017</div> </div> Transaction ID : A7A09F3586FAC4A6180F	
Mailing Address 209 Bal Bay Drive			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div>	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div>	
Name of Employer (for Individual) Information Requested			Occupation (for Individual) Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
C. Falic, Leon, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 06 / 20 / 2017</div> </div> Transaction ID : AFC70DCBC1221406C9BB	
Mailing Address 6100 Hollywood Boulevard, 7th Floor			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div>	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">2700.00</div>	
Name of Employer (for Individual) Information Requested			Occupation (for Individual) Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....			<div style="border: 1px solid black; padding: 2px; text-align: right;">8100.00</div>	
TOTAL This Period (last page this line number only).....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	