

SCHEDULE A (FEC Form 3) **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 ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jon Ossoff for Congress

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2017		
Mailing Address PO Box 441146			Transaction ID : VTE6ZGVWCA1E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C C00401224		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ _____ 14004059.70			
B. Full Name (Last, First, Middle Initial) Ben-Dov, Ariella, , ,			Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2017		
Mailing Address 10 S Portland Ave			Transaction ID : VTE6ZHA9YA1		
City Brooklyn	State NY	Zip Code 11217-1308	Amount of Each Receipt this Period _____ 2700.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Self Employed Filmmaker			
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ _____ 2700.00			
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 05 / 03 / 2017		
Mailing Address PO Box 441146			Transaction ID : VTE6ZHA9YA1E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 2700.00		
FEC ID number of contributing federal political committee. C C00401224		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ _____ 14004059.70			
SUBTOTAL of Receipts This Page (optional).....			_____ 2700.00		
TOTAL This Period (last page this line number only).....			_____		