

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)

PAGE 14677 OF 58692

☒ 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 / 10 / 2017		
Mailing Address PO Box 441146			Transaction ID : VTE6ZG2SQJ2E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 5.00		
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) ▼ Special		Election Cycle-to-Date ▼ _____ 14004059.70			
B. Full Name (Last, First, Middle Initial) Hexter, Robert, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2017		
Mailing Address 5150 Three Village Dr			Transaction ID : VTE6ZGGX8J2		
City Lyndhurst	State OH	Zip Code 44124-3772	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Not Employed Retired			
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ _____ 250.00			
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2017		
Mailing Address PO Box 441146			Transaction ID : VTE6ZGGX8J2E		
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			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 50.00		
TOTAL This Period (last page this line number only)..... ▶			_____		