

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

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

FOR LINE NUMBER: PAGE 17188 OF 58692

(check only one)

☒ 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) Perkins, James, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 28 / 2017	
Mailing Address 906 Michigan Ave Apt 3			Transaction ID : VTE6ZH5NR03	
City Evanston	State IL	Zip Code 60202-5420	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C		Name of Employer NorthShore University Healthsystem Occupation Physician		
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ _____ 850.00		
B. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2017	
Mailing Address PO Box 441146			Transaction ID : VTE6ZH5NR03E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C C00401224		Name of Employer Conduit total listed in Agg. field Occupation		
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ _____ 14004059.70		
C. Full Name (Last, First, Middle Initial) Thea, Donald, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2017	
Mailing Address 160 Playstead Rd Unit 5			Transaction ID : VTE6ZH5PX03	
City Medford	State MA	Zip Code 02155-1524	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C		Name of Employer Boston University Occupation Professor		
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ _____ 900.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 350.00	
TOTAL This Period (last page this line number only)..... ▶			_____	