

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 03 / 31 / 2017		
Mailing Address PO Box 441146			Transaction ID : VTE6ZFSR1A5E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 25.00		
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) Sapers, Carl, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2017		
Mailing Address 26 Bradbury St Apt C			Transaction ID : VTE6ZG3MAA5		
City Cambridge	State MA	Zip Code 02138-4867	Amount of Each Receipt this Period _____ 100.00		
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) ▼ Special		Election Cycle-to-Date ▼ _____ 2600.00			
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2017		
Mailing Address PO Box 441146			Transaction ID : VTE6ZG3MAA5E		
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 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			
SUBTOTAL of Receipts This Page (optional).....			_____ 100.00		
TOTAL This Period (last page this line number only).....			_____		