

# **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

<b>A.</b> Full Name (Last, First, Middle Initial) Beck, Deborah, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2017	
Mailing Address 531 Main St Apt 314			<b>Transaction ID : VTE6ZHWP77</b>	
City New York	State NY	Zip Code 10044-0154	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Not Employed		Occupation Not Employed	* Earmarked Contribution: See Below	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ _____ 715.00		

<b>B.</b> Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2017	
Mailing Address PO Box 441146			<b>Transaction ID : VTE6ZHWP77E</b>	
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			<input checked="" type="checkbox"/> Memo Item	
Name of Employer 		Occupation Conduit total listed in Agg. field	Note: Above Contribution earmarked through this organization.	
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>C.</b> Full Name (Last, First, Middle Initial) Harris, Robert, F., ,			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2017	
Mailing Address 68 Yale Rd			<b>Transaction ID : VTE6ZHWC977</b>	
City Menlo Park	State CA	Zip Code 94025-5335	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self Employed		Occupation Psychiatrist	* Earmarked Contribution: See Below	
Receipt For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff		Election Cycle-to-Date ▼ _____ 250.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

\_\_\_\_\_ 100.00  
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