

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)
Beto for Texas

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 10 18 2018		
Mailing Address PO Box 441146			Transaction ID : 1991157E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period 1.00		
FEC ID number of contributing federal political committee. C C00401224		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 8680054.36			
B. Full Name (Last, First, Middle Initial) Rodriguez, Alejandro, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 18 2018		
Mailing Address 187 Del Canto Ln			Transaction ID : 1995257		
City Santa Barbara	State CA	Zip Code 93110-1803	Amount of Each Receipt this Period 82.75		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation DCG Public Affairs Executive			
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 332.75			
C. Full Name (Last, First, Middle Initial) Pan, Golden, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 26 2018		
Mailing Address 3801 Berkman Dr Apt 366			Transaction ID : 2136857		
City Laredo	State TX	Zip Code 78045	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Mida Radiologist			
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			682.75		
TOTAL This Period (last page this line number only)..... ▶					