

# **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)  
Arballo for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) <b>McKain, Mark, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 29 / 2020	
Mailing Address 131 41St Ave N Unit 23			<b>Transaction ID : VVC8CQF83N5</b>	
City St Petersburg	State FL	Zip Code 33703-4868	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Full Sail University		Occupation Teacher	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 217.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>ActBlue</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 01 / 2020	
Mailing Address PO Box 441146			<b>Transaction ID : VVC8CQF83N5E</b>	
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			<input checked="" type="checkbox"/> Memo Item	
Name of Employer Conduit total listed in Agg. field		Election Cycle-to-Date ▼ _____ 283837.25		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Note: Above Contribution earmarked through this organization.		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Rogers, Norma, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 01 / 2020	
Mailing Address 43067 Metcalf Gap Rd			<b>Transaction ID : VVC8CQF83N5</b>	
City Ahwahnee	State CA	Zip Code 93601-9732	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self Employed		Occupation Retail Sales	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 219.00		

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

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

\_\_\_\_\_ 35.00  
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