

# **SCHEDULE A (FEC Form 3X)** **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 ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Joe Morelle Victory Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ActBlue**

Mailing Address 366 Summer St

City  
Somerville

State  
MA

Zip Code  
02144-3132

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

18400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2019

**Transaction ID : VVBR0QEXMQ1E**

Amount of Each Receipt this Period

2000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Kornel, Ezriel, , ,**

Mailing Address 22 Long Meadow Rd

City  
Bedford

State  
NY

Zip Code  
10506-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brain And Spine Surgeons Of Ny

Occupation (for Individual)  
Neurosurgeon

Receipt For: 2019

☒ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2019

**Transaction ID : VVBR0P3PR75**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Krieff, Donald, , ,**

Mailing Address 3463 E Bay Ct

City  
Merrick

State  
NY

Zip Code  
11566-5522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Neurological Surgery, P.C.

Occupation (for Individual)  
Physician

Receipt For: 2019

☒ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2019

**Transaction ID : VVBR0P3PRW9**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

2500.00

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