

# **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)  
**Mark Kelly for Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Feldman, Gail, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2020	
Mailing Address 2700 Vista Grande Dr NW Unit 86			<b>Transaction ID : VVC31R62S17</b>	
City Albuquerque	State NM	Zip Code 87120-1000	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 Gail Carr Feldman, PhD		Occupation Psychologist	* 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 ▼ _____ 272.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>ActBlue</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2020	
Mailing Address PO Box 441146			<b>Transaction ID : VVC31R62S17E</b>	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item	
Name of Employer Conduit total listed in Agg. field		Note: Above Contribution earmarked through this organization.		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 7834208.84		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Burke, Thomas, , ,</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2020	
Mailing Address 245 Norwich Dr			<b>Transaction ID : VVC31R63H17</b>	
City Bartlett	State IL	Zip Code 60103-1378	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 Verizon Wireless		* 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 ▼ _____ 2032.50		

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

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

\_\_\_\_\_ 20.00  
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