

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)
John Lewis for Congress

A. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2019		
Mailing Address PO Box 382110			Transaction ID : VTEA4XBN0R7E		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 5.00		
FEC ID number of contributing federal political committee. C C00401224		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 441157.11			
B. Full Name (Last, First, Middle Initial) Gutheil, Thomas, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 06 / 2019		
Mailing Address 6 Wellman St			Transaction ID : VTEA4XBN0S5		
City Brookline	State MA	Zip Code 02446-2831	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation PHYSICIAN			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 568.00			
C. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2019		
Mailing Address PO Box 382110			Transaction ID : VTEA4XBN0S5E		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C C00401224		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 441157.11			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 10.00		
TOTAL This Period (last page this line number only)..... ▶			_____		