

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 139

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Dentons US LLP PAC**

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

**A. Oberg, Lisa, , ,**

Mailing Address 1999 Harrison Street

City  
Oakland

State  
CA

Zip Code  
94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dentons US LLP

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2017

**Transaction ID : SA11AI.25453**

Amount of Each Receipt this Period

750.00

☐ Memo Item  
Semi-Monthly Payroll Deduction

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

**B. Oberg, Lisa, , ,**

Mailing Address 1999 Harrison Street

City  
Oakland

State  
CA

Zip Code  
94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dentons US LLP

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2017

**Transaction ID : SA11AI.25522**

Amount of Each Receipt this Period

750.00

☐ Memo Item  
Semi-Monthly Payroll Deduction

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

**C. Oberg, Lisa, , ,**

Mailing Address 1999 Harrison Street

City  
Oakland

State  
CA

Zip Code  
94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dentons US LLP

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2017

**Transaction ID : SA11AI.25585**

Amount of Each Receipt this Period

750.00

☐ Memo Item  
Semi-Monthly Payroll Deduction

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

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

2250.00