

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)
Ilhan for Congress

A. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 10 13 2019	
Mailing Address PO Box 441146			Transaction ID : VVBVHQ4V2B1E	
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		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 ▼ 345442.44		
B. Full Name (Last, First, Middle Initial) Johnston, Derek, , ,			Date of Receipt M M / D D / Y Y Y Y Y 11 14 2019	
Mailing Address 1462 Canoochee Dr NE			Transaction ID : VVBVHQ8X8K3	
City Brookhaven	State GA	Zip Code 30319-3456	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Attorney		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 622.50		
C. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 11 14 2019	
Mailing Address PO Box 441146			Transaction ID : VVBVHQ8X8K3E	
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		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 ▼ 345442.44		
SUBTOTAL of Receipts This Page (optional)..... ▶			25.00	
TOTAL This Period (last page this line number only)..... ▶				