

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)
Ehr for Congress

A. Full Name (Last, First, Middle Initial) Dimick, Robert, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 01 / 2019	
Mailing Address 4581 SOUNDSIDE DR			Transaction ID : CDR-0000000000046371	
City GULF BREEZE	State FL	Zip Code 32563-	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer SRMG		Occupation PHYSICIAN		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1600.00		

B. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 04 / 01 / 2019	
Mailing Address PO Box 441146			Transaction ID : CDABR-000000000046371	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00401224			<input checked="" type="checkbox"/> Memo Item	
Name of Employer		Occupation		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 0.00		

C. Full Name (Last, First, Middle Initial) Dimick, Robert, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2019	
Mailing Address 4581 SOUNDSIDE DR			Transaction ID : CDR-0000000000046896	
City GULF BREEZE	State FL	Zip Code 32563-	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer SRMG		Occupation PHYSICIAN		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1600.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	