

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

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2019	
Mailing Address PO Box 441146			Transaction ID : VVC31PRZHN0E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C		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 ▼ _____ 3606213.87		
B. Full Name (Last, First, Middle Initial) McGrath, Neil, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2019	
Mailing Address PO Box 267			Transaction ID : VVC31PS3CN0	
City Cobb Island	State MD	Zip Code 20625-0267	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Not Employed Retired		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 258.00		
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2019	
Mailing Address PO Box 441146			Transaction ID : VVC31PS3CN0E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C		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 ▼ _____ 3606213.87		
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 20.00	
TOTAL This Period (last page this line number only)..... ▶			_____	