

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)

PAGE 1353 OF 2557

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
The Markey Committee

A. Full Name (Last, First, Middle Initial)
Mavroides, Sally, , ,

Mailing Address 55 Pollock Rip Rd

City South Yarmouth	State MA	Zip Code 02664-1996
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer St. David's Nursery School	Occupation Director
--	------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
272.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2020

Transaction ID : VPF8MPN7T26

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
------------------	--

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
551376.01

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2020

Transaction ID : VPF8MPN7T26E

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
O'Connell, James, , ,

Mailing Address 780 Albany St

City Boston	State MA	Zip Code 02118-2755
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MGH Boston Health Care For The Homeles	Occupation Physician
--	-------------------------

Receipt For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 02 / 2020

Transaction ID : VPF8MPMGZ26

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

110.00