

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)
Friends of Desiree Tims

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2020		
Mailing Address 366 Summer St			Transaction ID : 6306069E		
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Receipt this Period _____ 100.00		
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 ▼ _____ 31879.34			
B. Full Name (Last, First, Middle Initial) Chadwick, Mark, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2020		
Mailing Address 6021 Squirrelwood Ct			Transaction ID : 6159512		
City Cincinnati	State OH	Zip Code 45247-5971	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation EY Director			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00			
C. Full Name (Last, First, Middle Initial) Collier, Sophia, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2020		
Mailing Address 2 Bulkley Ave			Transaction ID : 6199670		
City Sausalito	State CA	Zip Code 94965-2208	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation none none			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 500.00		
TOTAL This Period (last page this line number only)..... ▶			_____		