

# **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 9 OF 46

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

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NAME OF COMMITTEE (In Full)

**John Eaves for Congress**

Full Name (Last, First, Middle Initial)

**Franklin, Robert, , ,**

**A.**

Mailing Address 4700 Guilford Forest Drive Southwe

City

Atlanta

State

GA

Zip Code

30331-7394

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emory

Occupation

Professor

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 27 2019

Transaction ID : A4BBF6B1D30C94690A32

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Davis, Erroll, , ,**

**B.**

Mailing Address 2881 Peachtree Road Northeast  
2403

City

Atlanta

State

GA

Zip Code

30305-5100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2019

Transaction ID : A873F3A47722946B4B9A

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Brown, Dr. Morris, , ,**

**C.**

Mailing Address 2700 Paces Ferry Road Southeast  
Unit 1101

City

Atlanta

State

GA

Zip Code

30339-7910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laureate Medical Center

Occupation

Physician

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2019

Transaction ID : A1044B9A694F44BD2A0E

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1500.00

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