

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2587 OF 3539

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Fair Fight**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chandler, Perri, , ,**

Mailing Address 844 Clemont Dr NE

City  
Atlanta

State  
GA

Zip Code  
30306-3694

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 17 / 2019

**Transaction ID : VR060TTG5E0**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chandler, Perri, , ,**

Mailing Address 844 Clemont Dr NE

City  
Atlanta

State  
GA

Zip Code  
30306-3694

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2019

**Transaction ID : VR060TT7017**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Chapin, Charles, , ,**

Mailing Address 6 Joliet Street

City  
Oldwick

State  
NJ

Zip Code  
08858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 15 / 2019

**Transaction ID : VR060TTF5K4**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Non-Contribution Account

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

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

150.00