

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Kennedy for Massachusetts

Full Name (Last, First, Middle Initial)

Broadwell, Kathleen, , ,

Mailing Address PO Box 5

City  
Port WingState  
WIZip Code  
54865-0005FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	2	0

Transaction ID : VNHWQFCHEQ7

Amount of Each Receipt this Period

15.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ActBlue Technical Services

Mailing Address 14 Arrow St

City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450571.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	0

Transaction ID : VNHWQFCHEQ7E

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Bronner, Kathleen, , ,

Mailing Address 46 Morgan St  
Fl 6City  
GranbyState  
MAZip Code  
01033-3305FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Health Foundation

Occupation  
Administrator

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	0

Transaction ID : VNHWQFA7KS9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

1	0	1	5	.	0	0
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