

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

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

FOR LINE NUMBER: PAGE 58 OF 276

(check only one)

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

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NAME OF COMMITTEE (In Full)

**JSTREETPAC**

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

**A. Green, Bruce, , ,**

Mailing Address 30 5Th Ave  
Apt 3F

City  
New York

State  
NY

Zip Code  
10011-8804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2020

**Transaction ID : 3905361**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Earmarked for FINKENAUER FOR CONGRESS

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

**B. Green, Bruce, , ,**

Mailing Address 30 5Th Ave  
Apt 3F

City  
New York

State  
NY

Zip Code  
10011-8804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2020

**Transaction ID : 3905362**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for SARA GIDEON FOR MAINE

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

**C. Green, Bruce, , ,**

Mailing Address 30 5Th Ave  
Apt 3F

City  
New York

State  
NY

Zip Code  
10011-8804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2020

**Transaction ID : 3948344**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for CAL FOR NC

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

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

650.00