

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)
People for Ben

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2020		
Mailing Address PO Box 441146			Transaction ID : 6310341E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 15.00		
FEC ID number of contributing federal political committee. C C00401224		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 ▼ _____ 711458.99			
B. Full Name (Last, First, Middle Initial) Barry, Robert, , ,			Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2020		
Mailing Address 17 Pulsifer St			Transaction ID : 6310541		
City Newton	State MA	Zip Code 02460-2220	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Not Employed			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 263.00			
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2020		
Mailing Address PO Box 441146			Transaction ID : 6310541E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C C00401224		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 ▼ _____ 711458.99			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 10.00		
TOTAL This Period (last page this line number only)..... ▶			_____		