

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 7 OF 83

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

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NAME OF COMMITTEE (In Full)
Kaptur for Congress

A. Full Name (Last, First, Middle Initial) Broydrick, William, , , Mailing Address 1150 Connecticut Ave NW Ste 615 City Washington State DC Zip Code 20036-4135 FEC ID number of contributing federal political committee. C Name of Employer Broydrick and Associates Occupation Consultant Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item			Date of Receipt M M / D D / Y Y Y Y Y 04 12 2019 Transaction ID : VR01DMKN466		
B. Full Name (Last, First, Middle Initial) Carp, Bert, , , Mailing Address 601 Pennsylvania Ave NW City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. C Name of Employer Alignment Government Strategies Occupation Government relations Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item * Earmarked Contribution: See Below			Date of Receipt M M / D D / Y Y Y Y Y 06 14 2019 Transaction ID : VR01DMMTGH9		
C. Full Name (Last, First, Middle Initial) ActBlue Mailing Address PO Box 382110 City Cambridge State MA Zip Code 02238-2110 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 ▼ Amount of Each Receipt this Period 13396.91 <input checked="" type="checkbox"/> Memo Item Note: Above Contribution earmarked through this organization.			Date of Receipt M M / D D / Y Y Y Y Y 06 17 2019 Transaction ID : VR01DMMTGH9E		
SUBTOTAL of Receipts This Page (optional)..... ▶			Amount of Each Receipt this Period 1000.00		
TOTAL This Period (last page this line number only)..... ▶			Amount of Each Receipt this Period		