

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse 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)

Beto for Texas

Full Name (Last, First, Middle Initial)

ActBlue**A.**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

30963920.17

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		02		2018

Transaction ID : 2115884E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Harris, Robert, , ,**B.**Mailing Address 201 E Washington St
Unit 1002

City

Iowa City

State

IA

Zip Code

52240-3997

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

University of Iowa Health Center

Physician

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

555.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		31		2018

Transaction ID : 2116184

Amount of Each Receipt this Period

50.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ActBlue**C.**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

30963920.17

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		02		2018

Transaction ID : 2116184E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

50.00
