

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

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

FOR LINE NUMBER: PAGE 2816 OF 4348

(check only one)

<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)
John Lewis for Congress

A. Full Name (Last, First, Middle Initial) Gutheil, Thomas, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2019	
Mailing Address 6 Wellman St			Transaction ID : VTEA4X1M5M6	
City Brookline	State MA	Zip Code 02446-2831	Amount of Each Receipt this Period _____ 5.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer SELF		Occupation PHYSICIAN	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 449.00		

B. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2019	
Mailing Address PO Box 382110			Transaction ID : VTEA4X1M5M6E	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 5.00	
FEC ID number of contributing federal political committee. C C00401224			<input checked="" type="checkbox"/> Memo Item	
Name of Employer Conduit total listed in Agg. field		Note: Above Contribution earmarked through this organization.		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 389094.25		

C. Full Name (Last, First, Middle Initial) Kagan, Susan, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2019	
Mailing Address 424 W End Ave Apt 20G			Transaction ID : VTEA4X4VQN6	
City New York	State NY	Zip Code 10024-5786	Amount of Each Receipt this Period _____ 5.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Retired		Occupation Retired	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 245.00		

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

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