

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 83 OF 175

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

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NAME OF COMMITTEE (In Full)
L'Italien for Congress

A. Full Name (Last, First, Middle Initial)
Menzie, Maureen, , ,

Mailing Address 429 Primrose St

City Haverhill	State MA	Zip Code 01830-3121
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FEC ID number of contributing federal political committee. **C**

Name of Employer Bactes Imaging Solutions	Occupation Sales Rep
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Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 29 2017

Transaction ID : VTR8VCARV33

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Menzie, Robert, , ,

Mailing Address 429 Primrose St

City Haverhill	State MA	Zip Code 01830-3121
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FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation retired
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Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 29 2017

Transaction ID : VTR8VCARV59

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Miller, Donald, H, ,

Mailing Address 40 Hopkins Cir

City Methuen	State MA	Zip Code 01844-2273
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lowell Community Health Center	Occupation Physician
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Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 04 2017

Transaction ID : VTR8VBH1PZ7

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

1500.00