

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use 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
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

Kathy Manning for Congress

Full Name (Last, First, Middle Initial)

Barrett, Barbara, , ,

Mailing Address 109 Nut Bush Rd W

City

Greensboro

State

NC

Zip Code

27410-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Dermatology Center

Occupation

Vice President

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1028.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	8

Transaction ID : VVBEJFBAER4

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ActBlue

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 ▼

595236.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	8

Transaction ID : VVBEJFBAER4E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Silver, Karen, , ,

Mailing Address 200 E 82nd St

City

New York

State

NY

Zip Code

10028-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Podiatrist

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	8

Transaction ID : VVBEJFBB6R4

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

505.00

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