

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)

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

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NAME OF COMMITTEE (In Full)
Julie Oliver for Congress

A. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2019	
Mailing Address PO Box 441146			Transaction ID : VVBZYPPRRV2E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period 500.00	
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 ▼ 84572.19		
B. Full Name (Last, First, Middle Initial) Madden, Bridget, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2019	
Mailing Address 816 Circle Dr			Transaction ID : VVBZYPZ42N9	
City Kingsland	State TX	Zip Code 78639-3923	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Seton Nurse		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Mann, Christopher, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2019	
Mailing Address 402 Duffy Ln			Transaction ID : VVBZYPPRV21	
City Lakeway	State TX	Zip Code 78738-1116	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Not Employed Not Employed		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 213.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			300.00	
TOTAL This Period (last page this line number only)..... ▶				