

# **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)  
Susie Lee for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2017		
Mailing Address PO Box 441146			Transaction ID : VR01RMSEDE4E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 156619.89			
<b>B.</b> Full Name (Last, First, Middle Initial) Norton, Kristin, G, ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2017		
Mailing Address 731 Glengarry Rd			Transaction ID : VR01RMJ9YD5		
City Philadelphia	State PA	Zip Code 19118-4110	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Not Employed Not Employed			
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00			
<b>C.</b> Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2017		
Mailing Address PO Box 441146			Transaction ID : VR01RMJ9YD5E		
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		Name of Employer Occupation Conduit total listed in Agg. field			
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 156619.89			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			_____ 500.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			_____		