

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BETTER FUTURE MI FUND**

**A. ELLISON, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 YGNACIO VALLEY ROAD  
 City WALNUT CREEK State CA Zip Code 94596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ORACLE CORPORATION Occupation (for Individual) EXECUTIVE CHARIMAN AND CTO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 10 / 29 / 2020  
**Transaction ID : SA11AI.5187**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item

**B. FOLEY, WILLIAM, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 VILLAGE CENTER CIRCLE  
 City LAS VEGAS State NV Zip Code 89134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIDELITY Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 10 / 16 / 2020  
**Transaction ID : SA11AI.5193**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item

**C. HINMAN, ROY, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 ARRICOLA AVE  
 City ST AUGUSTINE State FL Zip Code 32080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ISLAND DOCTORS Occupation (for Individual) MEDICAL DOCTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 10 / 27 / 2020  
**Transaction ID : SA11AI.5190**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1275000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	