

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 41 OF 87

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Flores for Congress

A. Full Name (Last, First, Middle Initial)
Joann B Wright

Mailing Address 7617 lily trotter

City North Las Vegas	State NV	Zip Code 89084
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
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Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2015

Transaction ID : VN8XGE0EBQ1

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Joann B Wright

Mailing Address 7617 lily trotter

City North Las Vegas	State NV	Zip Code 89084
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
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Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : VN8XGE0Q906

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Joann B Wright

Mailing Address 7617 lily trotter

City North Las Vegas	State NV	Zip Code 89084
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
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Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2015

Transaction ID : VN8XGE19567

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00
