

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)
Jeff Merkley for Oregon

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2019		
Mailing Address PO Box 382110			Transaction ID : VR0CZT35HH4E		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 5.00		
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 ▼ _____ 403490.03			
B. Full Name (Last, First, Middle Initial) Lay, Helga, , ,			Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2019		
Mailing Address 217 Hawthorne Ave			Transaction ID : VR0CZT39PH4		
City Eugene	State OR	Zip Code 97404-3179	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Luvaas Cobb Bookkeeper			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 580.00			
C. Full Name (Last, First, Middle Initial) Tower, Christopher, , ,			Date of Receipt M M / D D / Y Y Y Y Y 07 / 08 / 2019		
Mailing Address 1150 W 15Th Ave Apt 202			Transaction ID : VR0CZSQ8PH4		
City Eugene	State OR	Zip Code 97402-3962	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Benson Health Clinic PMHNP			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 436.80			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 100.00		
TOTAL This Period (last page this line number only)..... ▶			_____		