

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)
Evelyn for NY

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2020		
Mailing Address PO Box 441146			Transaction ID : 4651433E		
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 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 ▼ 273206.81			
B. Full Name (Last, First, Middle Initial) Stephan, Maria, , ,			Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2020		
Mailing Address 1010 25Th St NW Apt 611			Transaction ID : 3978596		
City Washington	State DC	Zip Code 20037-1629	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Director			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2020		
Mailing Address PO Box 441146			Transaction ID : 3978596E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period 250.00		
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 ▼ 273206.81			
SUBTOTAL of Receipts This Page (optional)..... ▶			250.00		
TOTAL This Period (last page this line number only)..... ▶					