

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

Wyden For Senate

Full Name (Last, First, Middle Initial)

Glenn, Tracey, , ,

Mailing Address 676 Judge Ln

City

Central Point

State

OR

Zip Code

97502-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

G Fab LLC

Occupation

Principal Member

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

273.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	0

Transaction ID : VPFBKSM5DR6

Amount of Each Receipt this Period

7.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

Actblue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

58943.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	2	0

Transaction ID : VPFBKSM5DR6E

Amount of Each Receipt this Period

7.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Young, Alan, , ,

Mailing Address 1717 NE Shale Ct

City

Roseburg

State

OR

Zip Code

97470-5751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

Pharmacist

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	0

Transaction ID : VPFBKSKH3R6

Amount of Each Receipt this Period

10.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

17.00