

**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)
Josh Hicks for Congress

Full Name (Last, First, Middle Initial) Popper, Brette, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2020	
Mailing Address 522 W End Ave Apt 15A			Transaction ID : 6151789	
City New York	State NY	Zip Code 10024-3211	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Yoga City		Occupation Co-Founder	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2020	
Mailing Address PO Box 441146			Transaction ID : 6151789E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00401224			<input checked="" type="checkbox"/> Memo Item	
Name of Employer		Occupation Conduit total listed in Agg. field	Note: Above Contribution earmarked through this organization.	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 258068.23		

Full Name (Last, First, Middle Initial) Schiffrin, Richard, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 10 / 2020	
Mailing Address 127 Knightsbridge Rd			Transaction ID : 4794989	
City Wynnewood	State PA	Zip Code 19096-1212	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self-Employed		Occupation Attorney	* Earmarked Contribution: See Below	
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00		

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