

**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)  
**Brindisi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sexton, Neil, , ,**

Mailing Address 1715 Sherman Dr

City Utica	State NY	Zip Code 13501-5839
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northern safety	Occupation President
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2019

Transaction ID : VTR1MHVVQ82

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
134572.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2019

Transaction ID : VTR1MHVVQ82E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Shaheen, Nancy, A., ,**

Mailing Address 5 Wadsworth Ln E

City Utica	State NY	Zip Code 13501-5832
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FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Associates of New Hartford	Occupation Radiologist
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : VTR1MHZWVG9

Amount of Each Receipt this Period

500.00

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

550.00
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