

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 OF 6739

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Peters for Michigan

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2020		
Mailing Address PO Box 441146			Transaction ID : VSH8GKFK341E		
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		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 ▼ _____ 2031860.89			
B. Full Name (Last, First, Middle Initial) St Peters, Richard, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 18 / 2020		
Mailing Address 11 Pleasant Dr			Transaction ID : VSH8GKFMJ41		
City Saratoga Springs	State NY	Zip Code 12866-4703	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Not Employed Not Employed			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 287.50			
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2020		
Mailing Address PO Box 441146			Transaction ID : VSH8GKFMJ41E		
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 10.00		
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 ▼ _____ 2031860.89			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 10.00		
TOTAL This Period (last page this line number only)..... ▶			_____		