

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)
Jeff Merkley for Oregon

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2020	
Mailing Address PO Box 382110			Transaction ID : VR0CZVJ95R5E	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 25.00	
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 ▼ _____ 81369.94		
B. Full Name (Last, First, Middle Initial) De Bont, Jan, , ,			Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2020	
Mailing Address 501 S Beverly Dr			Transaction ID : VR0CZVJA1R5	
City Beverly Hills	State CA	Zip Code 90212-4562	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Not Employed		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 2511.50		
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2020	
Mailing Address PO Box 382110			Transaction ID : VR0CZVJA1R5E	
City Cambridge	State MA	Zip Code 02238-2110	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 ▼ _____ 81369.94		
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 10.00	
TOTAL This Period (last page this line number only)..... ▶			_____	