

# **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)  
**Peggy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jordan, Renee, , ,**

Mailing Address 3334 E Coast Hwy

City Corona Del Mar	State CA	Zip Code 92625
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FEC ID number of contributing federal political committee. **C**

Name of Employer Professional Insurance Advisors	Occupation Health Ins Broker
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 19 2019

Transaction ID : INCA612

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

Mailing Address 350 E Las Palmas Dr

City Fullerton	State CA	Zip Code 92835
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FEC ID number of contributing federal political committee. **C**

Name of Employer Katherine Salter	Occupation Investment Advisor
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 19 2019

Transaction ID : INCA614

Amount of Each Receipt this Period

750.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Wang, Jiing, , ,**

Mailing Address PO Box 5177

City El Monte	State CA	Zip Code 91734
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FEC ID number of contributing federal political committee. **C**

Name of Employer Duke Medical Clinic	Occupation Physician
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 20 2019

Transaction ID : INCA666

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1300.00