

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 7
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Oath Inc. Political Action Committee (Oath: PAC)**

**A. Matheny, John, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 First Ave  
 City Sunnyvale State CA Zip Code 94089-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oath Occupation (for Individual) Oath VP - Platforms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2018  
**Transaction ID : 2018101513174-10**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Pratt, Kyle, Ted, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 First Ave  
 City Sunnyvale State CA Zip Code 94089-1019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oath Occupation (for Individual) Sr Mgr, Ad Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2018  
**Transaction ID : 2018101513174-12**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	215.00