

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)
Zornio for Senate

A. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 03 / 24 / 2020	
Mailing Address PO Box 441146			Transaction ID : 2831861E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C		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 ▼ _____ 18272.77		
B. Full Name (Last, First, Middle Initial) Bravman, Christopher, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 25 / 2020	
Mailing Address 902 Grove Dr			Transaction ID : 2722337	
City Louisville	State CO	Zip Code 80027-1073	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation None		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00		
C. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2020	
Mailing Address PO Box 441146			Transaction ID : 2722337E	
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		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 ▼ _____ 18272.77		
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 500.00	
TOTAL This Period (last page this line number only)..... ▶			_____	