

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)
Kim for Congress

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 01 / 03 / 2020		
Mailing Address 366 Summer St			Transaction ID : 2695972E		
City Somerville	State MA	Zip Code 02144-3132	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 ▼ _____ 100365.47			
B. Full Name (Last, First, Middle Initial) Avey, Melinda, , ,			Date of Receipt M M / D D / Y Y Y Y Y 01 / 08 / 2020		
Mailing Address 17 Meadow Run			Transaction ID : 2699234		
City Round Rock	State TX	Zip Code 78664-9618	Amount of Each Receipt this Period _____ 25.00		
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 ▼ _____ 570.00			
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 01 / 08 / 2020		
Mailing Address 366 Summer St			Transaction ID : 2699234E		
City Somerville	State MA	Zip Code 02144-3132	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 ▼ _____ 100365.47			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 25.00		
TOTAL This Period (last page this line number only)..... ▶			_____		