

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)
Kate for Congress

A. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2019	
Mailing Address PO Box 441146			Transaction ID : 2551301E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 100.00	
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 ▼ _____ 333597.00		
B. Full Name (Last, First, Middle Initial) Talbot, Carol, , ,			Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2019	
Mailing Address 344 Resor Ave			Transaction ID : 2813919	
City Cincinnati	State OH	Zip Code 45220-1616	Amount of Each Receipt this Period _____ 2700.00	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Manager		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 5500.00		
C. Full Name (Last, First, Middle Initial) ActBlue			Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2019	
Mailing Address PO Box 441146			Transaction ID : 2813919E	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period _____ 2700.00	
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 ▼ _____ 333597.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 2700.00	
TOTAL This Period (last page this line number only)..... ▶			_____	