

# **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)  
**Carolyn for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Martinez, Pamela, A., ,**

Mailing Address 2130 Soaring Ln

City Lawrenceville	State GA	Zip Code 30044-5883
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 21 2020

Transaction ID : VTR0JN7DNF3

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation Conduit total listed in Agg. field
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
114325.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 26 2020

Transaction ID : VTR0JN7DNF3E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Brown, Norman, , ,**

Mailing Address 2229 46th St NW

City Washington	State DC	Zip Code 20007-1032
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FEC ID number of contributing federal political committee. **C**

Name of Employer Envision Healthcare	Occupation Physician
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Receipt For: 2020  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 17 2020

Transaction ID : VTR0JNKWMF3

Amount of Each Receipt this Period

100.00

☐ Memo Item

150.00

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

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