

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)
Schneider for Congress

A. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 08 / 25 / 2019		
Mailing Address PO Box 382110			Transaction ID : VR03HMP2AG0E		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C C00401224		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 ▼ _____ 244749.42			
B. Full Name (Last, First, Middle Initial) Siracusa, Thomas, G, ,			Date of Receipt M M / D D / Y Y Y Y Y 07 / 22 / 2019		
Mailing Address 70 W Madison St Power Rogers & Smith, P.C.			Transaction ID : VR03HMNBMG0		
City Chicago	State IL	Zip Code 60602-4252	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C		Name of Employer Occupation Power Rogers & Smith, P.C. ATTORNEY			
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1000.00			
C. Full Name (Last, First, Middle Initial) ACTBLUE			Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2019		
Mailing Address PO Box 382110			Transaction ID : VR03HMNBMG0E		
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C C00401224		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 ▼ _____ 244749.42			
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 1000.00		
TOTAL This Period (last page this line number only)..... ▶			_____		