

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23352 OF 152784
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ActBlue

A. MARY FAHEY
Full Name (Last, First, Middle Initial)

Mailing Address 61 SAUNDERS ST

City EAST HARTFORD State CT Zip Code 06108

FEC ID number of contributing federal political committee. **C**

Name of Employer GARDINERS MARKET Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : SA11AI_14362565

Amount of Each Receipt this Period
5.00

Earmark
 Earmarked for DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE (C00000935)

B. MICHAEL FAHEY
Full Name (Last, First, Middle Initial)

Mailing Address 9304 DAVENPORT ST.

City OMAHA State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2014
Transaction ID : SA11AI_14261884

Amount of Each Receipt this Period
5000.00

Earmark
 Earmarked for NEBRASKA DEMOCRATIC STATE CENTRAL COMMITTEE - FEDERAL ACCOUNT (C00003988)

C. PAT FAHEY
Full Name (Last, First, Middle Initial)

Mailing Address 7243 MADISON

City FOREST PARK State IL Zip Code 60130

FEC ID number of contributing federal political committee. **C**

Name of Employer LOYOLA UNIV CHICAGO Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : SA11AI_14344756

Amount of Each Receipt this Period
2.50

Contribution to Act Blue
 Contribution to ActBlue

SUBTOTAL of Receipts This Page (optional)..... **5007.50**

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