

**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 14406 OF 3129315
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**ActBlue**

Full Name (Last, First, Middle Initial) <b>A. DAVID NEUFELD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 <b>Transaction ID : SA11AI_31234032</b>
Mailing Address 8 HILLTOP ROAD		Amount of Each Receipt this Period 250.00
City SILVER SPRING	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C	Earmark Earmarked for JAMIE RASKIN FOR CONGRESS (C00575126)	
Name of Employer JOHNS HOPKINS UNIVERSITY	Occupation PROFESSOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. ELLEN NEUFELD</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2015 <b>Transaction ID : SA11AI_29299923</b>
Mailing Address P O BOX 114 306 N PINE		Amount of Each Receipt this Period 25.00
City INMAN	State KS	Zip Code 67546-0114
FEC ID number of contributing federal political committee. C	Earmark Earmarked for DCCC (C00000935)	
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) <b>C. ELLEN NEUFELD</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2015 <b>Transaction ID : SA11AI_30194602</b>
Mailing Address P O BOX 114 306 N PINE		Amount of Each Receipt this Period 25.00
City INMAN	State KS	Zip Code 67546-0114
FEC ID number of contributing federal political committee. C	Earmark Earmarked for DCCC (C00000935)	
Name of Employer SELF	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	