

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42731 OF 1016429

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BLACK, PERRY, , ,

Mailing Address 22 SUMMIT STREET

City
PHILADELPHIAState
PAZip Code
19118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DREXEL UNIV. COLLEGE OF MEDICINEOccupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M	D D	Y Y Y Y
04	12	2017

Transaction ID : SA11AI_76909409

Amount of Each Receipt this Period

100.00

☐ Memo Item
 Earmark
Earmarked for MCCASKILL FOR MISSOURI
(C00431304)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLACK, PERRY, , ,

Mailing Address 22 SUMMIT STREET

City
PHILADELPHIAState
PAZip Code
19118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DREXEL UNIV. COLLEGE OF MEDICINEOccupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

M M	D D	Y Y Y Y
04	26	2017

Transaction ID : SA11AI_78141036

Amount of Each Receipt this Period

100.00

☐ Memo Item
 Earmark

Earmarked for DCCC (C00000935)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLACK, PERRY, , ,

Mailing Address 22 SUMMIT STREET

City
PHILADELPHIAState
PAZip Code
19118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DREXEL UNIV. COLLEGE OF MEDICINEOccupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	D D	Y Y Y Y
04	27	2017

Transaction ID : SA11AI_78174542

Amount of Each Receipt this Period

500.00

☐ Memo Item
 Earmark

Earmarked for HOUSE MAJORITY PAC (C00495028)

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

700.00

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