

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 OF 654

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

House Majority PAC

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

A. Black, Perry, , ,

Mailing Address 22 Summit St

City
Philadelphia

State
PA

Zip Code
19118-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drexel University College of Medicine

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / **27** / **2018**

Transaction ID : VN8FNGPF1X8

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ACTBLUE

Mailing Address PO Box 382110

City
Cambridge

State
MA

Zip Code
02238-2110

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306479.57

Date of Receipt

01 / **29** / **2018**

Transaction ID : VN8FNGPF1X8E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Brennan, Patricia, , ,

Mailing Address 1500 Briarcliff Rd
Apt 135

City
Montgomery

State
IL

Zip Code
60538-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Continuum Health Care

Occupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20.00

Date of Receipt

12 / **31** / **2017**

Transaction ID : VN8FNGGDSY8

Amount of Each Receipt this Period

1.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

501.00