

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10191 OF 13100

(check only one)

<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)

End Citizens United

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

A. Sandoval, Marcus, , ,

Mailing Address 28 Greenside Way

City

San Rafael

State

CA

Zip Code

94901-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Decline To State

Occupation (for Individual)

Medical Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

322.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2020

Transaction ID : 10589141

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ACTBLUE

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1498219.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2020

Transaction ID : 10589141E

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Sandoval, Marcus, , ,

Mailing Address 28 Greenside Way

City

San Rafael

State

CA

Zip Code

94901-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Decline To State

Occupation (for Individual)

Medical Sales

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

334.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2020

Transaction ID : 10598695

Amount of Each Receipt this Period

12.50

☐ Memo Item

* Earmarked Contribution: See Below

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

17.50

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