

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11510 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. Thibodeaux, Helenisa, , ,

Mailing Address 195 Moonraker Dr

City
SlidellState
LAZip Code
70458-5522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aureus Medical GroupOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2020

Transaction ID : 10640938

Amount of Each Receipt this Period

12.00

☐ 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1498219.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2020

Transaction ID : 10640938E

Amount of Each Receipt this Period

12.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Thibodeaux, Helenisa, , ,

Mailing Address 195 Moonraker Dr

City

Slidell

State

LA

Zip Code

70458-5522

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aureus Medical GroupOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1085.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2020

Transaction ID : 10642026

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

27.00

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