

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

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

FOR LINE NUMBER: PAGE 6686 OF 7279

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Democratic Training Committee PAC

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

A. Wallace, Mary, , ,

Mailing Address 804 Main St

City
HenryState
ILZip Code
61537-1131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2019

Transaction ID : VSGVDJNJHD7

Amount of Each Receipt this Period

15.00

☐ 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 ▼

587227.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2019

Transaction ID : VSGVDJNJHD7E

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Wallace, Mary, , ,

Mailing Address 804 Main St

City

Henry

State

IL

Zip Code

61537-1131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

806.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2019

Transaction ID : VSGVDJPGZS7

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

20.00

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