

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

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

FOR LINE NUMBER: PAGE 2724 OF 12447

(check only one)

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

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NAME OF COMMITTEE (In Full)

House Majority PAC

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

A. Abramczyk, Eva, , ,

Mailing Address 4020 N Hills Dr
Apt 6

City
Hollywood

State
FL

Zip Code
33021-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2019

Transaction ID : VN8FNM73VV3

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 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 ▼

1732278.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2019

Transaction ID : VN8FNM73VV3E

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. Blizzeard, Waundra, , ,

Mailing Address PO Box 1733

City
Alturas

State
CA

Zip Code
96101-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IHSS Modoc County

Occupation (for Individual)
Careprovider

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

177.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2019

Transaction ID : VN8FNM740V3

Amount of Each Receipt this Period

3.00

☐ Memo Item

* Earmarked Contribution: See Below

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

8.00

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