

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

FOR LINE NUMBER: PAGE 5716 OF 12447

(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)

House Majority PAC

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

**A. Krischel, Steve, , ,**

Mailing Address 1747 S Pollard Ave

City

Independence

State

MO

Zip Code

64055-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Massage Therapist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

431.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2019

Transaction ID : VN8FNMCNH28

Amount of Each Receipt this Period

25.00

☐ 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  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1732278.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2019

Transaction ID : VN8FNMCNH28E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Lugbauer, Peter, , ,**

Mailing Address 35 Judith Pl

City

East Islip

State

NY

Zip Code

11730-3203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Aggregate Year-to-Date ▼

1247.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2019

Transaction ID : VN8FNMCPQ28

Amount of Each Receipt this Period

5.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

30.00

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