

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

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

FOR LINE NUMBER: PAGE 11360 OF 12447

(check only one)

<input 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 checked="" 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. Falk, David, , ,

Mailing Address 792 Columbus Ave

City  
New YorkState  
NYZip Code  
10025-5150FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2019

Transaction ID : VN8FNMAQGB8

Amount of Each Receipt this Period

5.00

☐ Memo Item

\* Earmarked Contribution: See Below Non-Contribution Account

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

B. ACTBLUE

Mailing Address PO Box 382110

City  
CambridgeState  
MAZip Code  
02238-2110FEC 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		28		2019

Transaction ID : VN8FNMAQGB8E

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. Limberis, Paul, , ,

Mailing Address 9736 E Aberdeen Ave

City  
EnglewoodState  
COZip Code  
80111-5407FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of ColoradoOccupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : VN8FNMBFBB8

Amount of Each Receipt this Period

125.00

☐ Memo Item

\* Earmarked Contribution: See Below Non-Contribution Account

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

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

130.00