

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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)

**Abolish the Electoral College**

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

**A. Luster, Elizabeth, , ,**

Mailing Address 23768 Malibu Rd

City  
MalibuState  
CAZip Code  
90265-4603FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
On Shore Foundation IncOccupation (for Individual)  
President/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2020

**Transaction ID : 10289479**

Amount of Each Receipt this Period

50.00

☐ 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 ▼

121195.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2020

**Transaction ID : 10289479E**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Luster, Elizabeth, , ,**

Mailing Address 23768 Malibu Rd

City

Malibu

State

CA

Zip Code

90265-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
On Shore Foundation IncOccupation (for Individual)  
President/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2020

**Transaction ID : 10292569**

Amount of Each Receipt this Period

40.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

90.00

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