

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

Swing Left

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

A. Bulthaus, Michael, , ,

Mailing Address 1561 Dexter Woods Dr

City
ChesterfieldState
MOZip Code
63017-7736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Louis Children's HospitalOccupation (for Individual)
Marketing & Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2018

Transaction ID : VTEFWDE7J9

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ActBlue

Mailing Address PO Box 41146

City
SomervilleState
MAZip Code
02144FEC 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 ▼

74802.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2019

Transaction ID : VTEFWDE7J9E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Cross, Anne, R., ,

Mailing Address 4313 Glenrose St

City
KensingtonState
MDZip Code
20895-3722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ICFOccupation (for Individual)
Survey Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2019

Transaction ID : VTEFWDGBM9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1250.00

20083.40