

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

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

FOR LINE NUMBER: PAGE 36 OF 54

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Fight Back California

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

A. Hammond, Linda, , ,

Mailing Address 410 Johnson Street

City
Sausalito

State
CA

Zip Code
94965

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2019

Transaction ID : IDTA1582

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. ActBlue

Mailing Address 14 Arrow Street

City
Cambridge

State
MA

Zip Code
02138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10087.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : INCA730IDTA1582

Amount of Each Receipt this Period

25.00

☒ Memo Item

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

C. Hammond, Linda, , ,

Mailing Address 410 Johnson Street

City
Sausalito

State
CA

Zip Code
94965

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2019

Transaction ID : IDTA1593

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

50.00