

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

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

FOR LINE NUMBER: PAGE 1886 OF 16367

(check only one)

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

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NAME OF COMMITTEE (In Full)

End Citizens United

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

A. Brazda, Shirley, , ,

Mailing Address 255 Carolina Meadows Villa

City
Chapel HillState
NCZip Code
27517-8526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Psychotherapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

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

Transaction ID : 7034391

Amount of Each Receipt this Period

5.00

☐ 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 SomervilleState
MAZip Code
02144-0031FEC 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 ▼

1159579.14

Date of Receipt

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

Transaction ID : 7034391E

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. Brazda, Shirley, , ,

Mailing Address 255 Carolina Meadows Villa

City
Chapel HillState
NCZip Code
27517-8526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Psychotherapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

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

Transaction ID : 7034846

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

10.00