

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25963 OF 43520

(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)

Stop Republicans

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

A. Altizio, Leonard, , ,

Mailing Address 4 Lincoln Ave E

City

West Harrison

State

NY

Zip Code

10604-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

178.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : VTR0FMGB4Z5

Amount of Each Receipt this Period

15.00

☐ 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

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

7986668.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : VTR0FMGB4Z5E

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Smith, Barry, , ,

Mailing Address 320 Beechgrove Dr

City

Englewood

State

OH

Zip Code

45322-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northmont City Schools

Occupation (for Individual)

Bus Driver

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2020

Transaction ID : VTR0FMHE2Z5

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

30.00

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