

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8804 OF 13440

(check only one)

<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)

**House Majority PAC**

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

**A. Myhra, Cindy, , ,**

Mailing Address 8539 Red Mesa Dr

City  
RiversideState  
CAZip Code  
92509-3256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parkview Community HospitalOccupation (for Individual)  
Clinical Laboratory Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2019

**Transaction ID : VN8FNKW4CH8**

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 382110

City  
CambridgeState  
MAZip Code  
02238-2110FEC 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 ▼

1175091.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2019

**Transaction ID : VN8FNKW4CH8E**

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. Myhra, Cindy, , ,**

Mailing Address 8539 Red Mesa Dr

City  
RiversideState  
CAZip Code  
92509-3256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Parkview Community HospitalOccupation (for Individual)  
Clinical Laboratory Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2019

**Transaction ID : VN8FNKW4D80**

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)..... ▶