

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29096 OF 58132

(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)

Progressive Turnout Project

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

**A. Actblue**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132FEC 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3855009.72

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	01	2017

Transaction ID : VR05RMKZX15E

Amount of Each Receipt this Period

3.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**B. Tjosvold, Mary, , ,**

Mailing Address 1555 118th Ln NW

City  
Coon RapidsState  
MNZip Code  
55448-7579FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
mary t. inc.Occupation (for Individual)  
ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	31	2017

Transaction ID : VR05RMNBH15

Amount of Each Receipt this Period

104.00

☐ Memo Item

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

**C. Black, Perry, , ,**

Mailing Address 22 Summit St

City  
PhiladelphiaState  
PAZip Code  
19118-2833FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Drexel Univ. College of Med.Occupation (for Individual)  
Neurosurgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	28	2017

Transaction ID : VR05RMYN315

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

204.00