

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 516 OF 1215

(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)

SMP

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

A. Borrowman, Jerry, , ,

Mailing Address 1436 E Bella Vie Ct

City

Salt Lake City

State

UT

Zip Code

84121-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn Mutual Life Insurance

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2020

Transaction ID : 1801044

Amount of Each Receipt this Period

500.00

☐ 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

Cambridge

State

MA

Zip Code

02238-2110

FEC 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 ▼

502700.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2020

Transaction ID : 1801044E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Engels, Eugene, , ,

Mailing Address 215 Gladstone Rd

City

Pittsburgh

State

PA

Zip Code

15217-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2020

Transaction ID : 1793944

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

700.00

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