

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

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

FOR LINE NUMBER: PAGE 112 OF 921

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. La Farge, Grant, , ,

Mailing Address PO Box 4760

City
Santa Fe

State
NM

Zip Code
87502-4760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Mexico Medical Board

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2020

Transaction ID : VN8FNMJNAE1

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 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 ▼

426812.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : VN8FNMJNAE1E

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. Klauder, John, , ,

Mailing Address 1012 NW 45th Ter

City
Gainesville

State
FL

Zip Code
32605-4592

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 ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2020

Transaction ID : VN8FNMJ3PF1

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

10.00

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