

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

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

FOR LINE NUMBER: PAGE 202 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. 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

02 / 12 / 2020

Transaction ID : VN8FNMJMRJ2

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

02 / 18 / 2020

Transaction ID : VN8FNMJMRJ2E

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. 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

01 / 27 / 2020

Transaction ID : VN8FNMJ33K2

Amount of Each Receipt this Period

10.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

15.00