

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

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

FOR LINE NUMBER: PAGE 594 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

**02** / **08** / **2020**

**Transaction ID : VN8FNMK24S7**

Amount of Each Receipt this Period

10.00

☐ 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** / **10** / **2020**

**Transaction ID : VN8FNMK24S7E**

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Stine, Vicky, , ,**

Mailing Address 2140 McMackin Rd

City  
Madison

State  
OH

Zip Code  
44057-1775

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Progressive Insurance

Occupation (for Individual)  
Customer Care Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

**02** / **02** / **2020**

**Transaction ID : VN8FNMJ4HS7**

Amount of Each Receipt this Period

500.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

510.00