

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4361 OF 5703

(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. Hofschulte, Lloyd, , ,

Mailing Address 180 Patterson Rd

City  
Santa MariaState  
CAZip Code  
93455-4812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2019

Transaction ID : VR05RS83MN7

Amount of Each Receipt this Period

6.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

B. 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 ▼

744409.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2019

Transaction ID : VR05RS83MN7E

Amount of Each Receipt this Period

6.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Young, Douglas, , ,

Mailing Address 1130 N Harvard Ave

City  
Arlington HeightsState  
ILZip Code  
60004-4514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Northwestern Memorial HealthCare

Occupation (for Individual)

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

607.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2019

Transaction ID : VR05RS8KTN7

Amount of Each Receipt this Period

35.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

41.00

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