

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7140 OF 8249

(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)

End Citizens United

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

A. Thibodeaux, Helenisa, , ,

Mailing Address 130 W Lee St

City
SulphurState
LAZip Code
70663-5436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trinity Health StaffingOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2019

Transaction ID : VPFN8S1KNA6

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ACTBLUE

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

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 ▼

1018699.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2019

Transaction ID : VPFN8S1KNA6E

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Thibodeaux, Helenisa, , ,

Mailing Address 130 W Lee St

City

Sulphur

State

LA

Zip Code

70663-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trinity Health StaffingOccupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2019

Transaction ID : VPFN8S1Z0J0

Amount of Each Receipt this Period

10.50

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.50