

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

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

FOR LINE NUMBER: PAGE 1327 OF 11148

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Equality PAC

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

A. Blatt, Dorothy Anne, , ,

Mailing Address 1201 Edgecliff PI

City
CincinnatiState
OHZip Code
45206-2847FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2019

Transaction ID : VSH0PJGFD05

Amount of Each Receipt this Period

50.00

☐ 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 SomervilleState
MAZip Code
02144-0031FEC 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 ▼

812383.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2019

Transaction ID : VSH0PJGFD05E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Blatt, Dorothy Anne, , ,

Mailing Address 1201 Edgecliff PI

City
CincinnatiState
OHZip Code
45206-2847FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2019

Transaction ID : VSH0PJY2VP5

Amount of Each Receipt this Period

50.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

100.00