

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

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

FOR LINE NUMBER: PAGE 5569 OF 11148

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Equality PAC**

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

**A. Klein, Tom, , ,**

Mailing Address 1727 W Peterson Ave

City  
Chicago

State  
IL

Zip Code  
60660-3138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Presence Health

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

**11 / 07 / 2019**

**Transaction ID : VSH0PJXY231**

Amount of Each Receipt this Period

35.00

☐ 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 ▼

812383.72

Date of Receipt

**11 / 10 / 2019**

**Transaction ID : VSH0PJXY231E**

Amount of Each Receipt this Period

35.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Klein, Tom, , ,**

Mailing Address 1727 W Peterson Ave

City

Chicago

State  
IL

Zip Code  
60660-3138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Presence Health

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

395.00

Date of Receipt

**12 / 07 / 2019**

**Transaction ID : VSH0PJYBB25**

Amount of Each Receipt this Period

35.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

70.00