

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

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

FOR LINE NUMBER: PAGE 157 OF 257

(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)

Forward Majority Action PAC

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

A. Smith, Amy, , ,

Mailing Address 838 W End Ave
Apt 5B

City
New York

State
NY

Zip Code
10025-5365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Village Institute For Psychotherapy

Occupation (for Individual)
Psychotherapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2017

Transaction ID : VTE9JM0ZVW7

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Smith, Amy, , ,

Mailing Address 838 W End Ave
Apt 5B

City
New York

State
NY

Zip Code
10025-5365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Village Institute For Psychotherapy

Occupation (for Individual)
Psychotherapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2017

Transaction ID : VTE9JM8ZSW0

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Smith, Amy, , ,

Mailing Address 838 W End Ave
Apt 5B

City
New York

State
NY

Zip Code
10025-5365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Village Institute For Psychotherapy

Occupation (for Individual)
Psychotherapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2017

Transaction ID : VTE9JMB041

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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