

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

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

FOR LINE NUMBER: PAGE 158 OF 257

(check only one)

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

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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
10 / 27 / 2017

Transaction ID : VTE9JMVGV21

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
11 / 27 / 2017

Transaction ID : VTE9JN4T9E8

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
12 / 27 / 2017

Transaction ID : VTE9JNF2CX6

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).....▶