

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Progressive Turnout Project**

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

**A. Leifer, Lauren, , ,**

Mailing Address 2593 W Ellery Ave

City  
Fresno

State  
CA

Zip Code  
93711-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
childrens hospital central caloif

Occupation (for Individual)  
rn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

03 / 17 / 2020

**Transaction ID : VR05RVE10X1**

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 366 Summer St

City  
Somerville

State  
MA

Zip Code  
02144-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1555997.05

Date of Receipt

03 / 18 / 2020

**Transaction ID : VR05RVE10X1E**

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. Nielsen, Joanne, , ,**

Mailing Address 3155 Vicksburg Ln N

City  
Plymouth

State  
MN

Zip Code  
55447-4625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employed

Occupation (for Individual)  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

243.00

Date of Receipt

03 / 17 / 2020

**Transaction ID : VR05RVE1RX1**

Amount of Each Receipt this Period

5.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

20.00