

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Red to Blue CA**

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

**A. Edwards, Mary, , ,**

Mailing Address 9615 Page Ave

City  
BethesdaState  
MDZip Code  
20814-1737FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Social Worker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2019

Transaction ID : VTEKVVYA1A2

Amount of Each Receipt this Period

27.00

☐ 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 ▼

87637.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2019

Transaction ID : VTEKVVYA1A2E

Amount of Each Receipt this Period

27.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Edwards, Whitney, , ,**

Mailing Address 2052 Redbird Dr

City

San Diego

State

CA

Zip Code

92123-3726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cpmg

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2019

Transaction ID : VTEKVVX8NCT3

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

52.00

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