

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6097 OF 7007

(check only one)

<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)

End Citizens United

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

A. Thibodeaux, Helenisa, , ,

Mailing Address 1315 Creekshire Way

City  
Winston SalemState  
NCZip Code  
27103-3085FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NovanthealthOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2020

Transaction ID : 9792105

Amount of Each Receipt this Period

50.00

☐ 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 SomervilleState  
MAZip Code  
02144-0031FEC 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 ▼

1489003.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2020

Transaction ID : 9792105E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Thibodeaux, Helenisa, , ,

Mailing Address 1315 Creekshire Way

City  
Winston SalemState  
NCZip Code  
27103-3085FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NovanthealthOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

501.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2020

Transaction ID : 9795121

Amount of Each Receipt this Period

10.50

☐ Memo Item

\* Earmarked Contribution: See Below

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

60.50

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