

# **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)

**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 Salem

State  
NC

Zip Code  
27103-3085

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Novanthealth

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.50

Date of Receipt

**02 / 12 / 2020**

**Transaction ID : 9813428**

Amount of Each Receipt this Period

25.00

☐ 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 ▼

1489003.66

Date of Receipt

**02 / 12 / 2020**

**Transaction ID : 9813428E**

Amount of Each Receipt this Period

25.00

☒ 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 Salem

State  
NC

Zip Code  
27103-3085

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Novanthealth

Occupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

583.50

Date of Receipt

**02 / 15 / 2020**

**Transaction ID : 9827348**

Amount of Each Receipt this Period

15.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

40.00