

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

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

FOR LINE NUMBER: PAGE 6782 OF 9723

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Progressive Takeover**

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

**A. Klauder, John, , ,**

Mailing Address 6735 Yellowstone Blvd  
Apt 6T

City  
Forest Hills

State  
NY

Zip Code  
11375-2610

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 ▼

563.00

Date of Receipt

11 / 22 / 2019

Transaction ID : VVBEHQBM CX6

Amount of Each Receipt this Period

5.00

☐ 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 ▼

727134.51

Date of Receipt

11 / 24 / 2019

Transaction ID : VVBEHQBM CX6E

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**c. La Farge, Grant, , ,**

Mailing Address PO Box 4760

City

Santa Fe

State

NM

Zip Code

87502-4760

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NM MedicalBoard

Occupation (for Individual)

Physician ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1356.00

Date of Receipt

11 / 23 / 2019

Transaction ID : VVBEHQBM PX6

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)..... ►

20.00