

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

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

FOR LINE NUMBER: PAGE 412 OF 1441

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**314 Action Fund**

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

**A. Fiske, Susan, , ,**

Mailing Address 8 Princeton Ave

City  
Princeton

State  
NJ

Zip Code  
08540-5236

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Princeton University

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**10 / 13 / 2019**

**Transaction ID : VNW44H43T59**

Amount of Each Receipt this Period

100.00

☐ 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 ▼

296792.08

Date of Receipt

**10 / 13 / 2019**

**Transaction ID : VNW44H43T59E**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Fite, Austin, , ,**

Mailing Address 1474 Paseo De Oro

City  
Pacific Palisades

State  
CA

Zip Code  
90272-1961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Healthcare Partners

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**10 / 16 / 2019**

**Transaction ID : VNW44H469N2**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

150.00