

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse 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"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Jason Westin for Congress

Full Name (Last, First, Middle Initial)

ActBlue

A.

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

Occupation

Conduit total listed in Agg. field

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

97635.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	7

Transaction ID : VTEK0J235A8E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

B.

Full Name (Last, First, Middle Initial)

Varadhachary, Gauri, , ,

Mailing Address 909 Mulberry Ln

City

Bellaire

State

TX

Zip Code

77401-3211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UT MD Anderson Cancer Center

Physician

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	7

Transaction ID : VTEK0J23636

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

C.

Full Name (Last, First, Middle Initial)

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

Occupation

Conduit total listed in Agg. field

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

97635.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	7

Transaction ID : VTEK0J23636E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

500.00

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