

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 OF 279

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Indivisible Action

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

A. hgedorn, karli, , ,

Mailing Address 1 beach rd

City  
sands pointState  
NYZip Code  
11050FEC 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 ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		03		2020

Transaction ID : SA17.217980

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Non-Contribution Account

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

B. Higham, John, , ,

Mailing Address 1565 some street

City  
Mt. ViewState  
CAZip Code  
94040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bite me

Occupation (for Individual)

Fuck off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA17.181854

Amount of Each Receipt this Period

250.00

☐ Memo Item

Non-Contribution Account

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

C. Hood, Amanda Smith, , ,

Mailing Address 2315 Tracy Place NW

City  
WashingtonState  
DCZip Code  
20008FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		25		2020

Transaction ID : SA17.191645

Amount of Each Receipt this Period

100.00

☐ Memo Item

Non-Contribution Account

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

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

1350.00