

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

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

FOR LINE NUMBER: PAGE 193 OF 279  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 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. Segal, David, , ,**

Mailing Address 3 Schooner Lane

City

Port Washington

State

NY

Zip Code

11050

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Beacon Health Options

Occupation (for Individual)

Provider Relations Manager I

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

**Transaction ID : SA17.217986**

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

**B. Seymour, Erlene, , ,**

Mailing Address 39406 Springwater Drive

City

Northville

State

MI

Zip Code

48168

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Michigan

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2020

**Transaction ID : SA17.206673**

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. Shaffer, John, , ,**

Mailing Address 10290 NE 12th Street E103

City

Bellevue

State

WA

Zip Code

98004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Attorney Mediator

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2020

**Transaction ID : SA17.234480**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Non-Contribution Account

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

750.00

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