

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

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

FOR LINE NUMBER: PAGE 3949 OF 5391

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Justice Democrats PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Roth, Sandra, , ,</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 25 / 2019</div> </div>	
Mailing Address 1132 Ferry St SW			<b>Transaction ID : VVBE4Q3DQ13</b>	
City Albany	State OR	Zip Code 97321-2527	Amount of Each Receipt this Period <div> <div></div> <div>27.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> <div>216.00</div> </div>		

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ACTBLUE</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 27 / 2019</div> </div>	
Mailing Address PO Box 441146			<b>Transaction ID : VVBE4Q3DQ13E</b>	
City West Somerville	State MA	Zip Code 02144-0031	Amount of Each Receipt this Period <div> <div></div> <div>27.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div>C00401224</div> </div>			<input checked="" type="checkbox"/> Memo Item	
Name of Employer (for Individual)		Occupation (for Individual) Conduit total listed in Agg. field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> <div>817589.48</div> </div>		

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rothardt, Andrew, , ,</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>12 / 17 / 2019</div> </div>	
Mailing Address 6339 Shady Brook Ln			<b>Transaction ID : VVBE4QC18S5</b>	
City Dallas	State TX	Zip Code 75206-1401	Amount of Each Receipt this Period <div> <div></div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. <div> <div>C</div> <div></div> </div>			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Children's Health		Occupation (for Individual) Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <div> <div></div> <div>214.00</div> </div>		

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<div> <div></div> <div>77.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only).....	<div> <div></div> <div></div> </div>