

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

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

FOR LINE NUMBER: PAGE 666 OF 1635

(check only one)

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

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NAME OF COMMITTEE (In Full)

Giffords PAC

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

A. Hansen, Christine, L, ,

Mailing Address 115 S Ridge Dr

City
Cedar Creek

State
TX

Zip Code
78612-3173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 08 / 2019

Transaction ID : 1479721

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Non-Contribution Account; Earmarked Contribution:
See Below

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

B. ACT BLUE

Mailing Address PO Box 382110

City
Cambridge

State
MA

Zip Code
02238-2110

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 ▼

277323.34

Date of Receipt

12 / 08 / 2019

Transaction ID : 1479721E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this
organization.

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

C. Hansen, Paul, , ,

Mailing Address 265 NW Royal Blvd

City
Portland

State
OR

Zip Code
97210-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Oregon Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 31 / 2019

Transaction ID : 1492561

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Non-Contribution Account; Earmarked Contribution:
See Below

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

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

50.00