

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

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

FOR LINE NUMBER: PAGE 2348 OF 8528

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Progressive Turnout Project**

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

**A. Allen, Stella, , ,**

Mailing Address 306 Reservoir Rd

City  
Sequim

State  
WA

Zip Code  
98382-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 17 / 2019

**Transaction ID : VR05RSH3MR2**

Amount of Each Receipt this Period

3.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. Actblue**

Mailing Address 366 Summer St

City

Somerville

State

MA

Zip Code

02144-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699904.24

Date of Receipt

05 / 19 / 2019

**Transaction ID : VR05RSH3MR2E**

Amount of Each Receipt this Period

3.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Oddo, Jerome, , ,**

Mailing Address 6705 Representative Way

City

Sacramento

State

CA

Zip Code

95828-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sacto County DHHS

Occupation (for Individual)

Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

199.00

Date of Receipt

05 / 17 / 2019

**Transaction ID : VR05RSH3SR2**

Amount of Each Receipt this Period

3.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

6.00