

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6977 OF 8528

(check only one)

<input checked="" 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 type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Progressive Turnout Project**

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

**A. Hofschulte, Lloyd, , ,**

Mailing Address 180 Patterson Rd

City  
Santa MariaState  
CAZip Code  
93455-4812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not employedOccupation (for Individual)  
Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
05	/	29	/	2019

**Transaction ID : VR05RSJMQ88**

Amount of Each Receipt this Period

5.00

☐ 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  
SomervilleState  
MAZip Code  
02144-3132FEC 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

M M M	/	D D D	/	Y Y Y Y Y Y Y
05	/	29	/	2019

**Transaction ID : VR05RSJMQ88E**

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Oneal, Michael, , ,**

Mailing Address 1011 Adeline St

City  
HattiesburgState  
MSZip Code  
39401-5022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hattiesburg ClinicOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

744.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
05	/	30	/	2019

**Transaction ID : VR05RSJP798**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

55.00

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