

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

FOR LINE NUMBER: PAGE 7320 OF 16835

(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. Brownscombe, Tom, , ,**

Mailing Address 3019 Tanglely Rd

City  
HoustonState  
TXZip Code  
77005-2355FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2019

**Transaction ID : VR05RT19GA4**

Amount of Each Receipt this Period

44.00

☐ 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 ▼

1128317.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2019

**Transaction ID : VR05RT19GA4E**

Amount of Each Receipt this Period

44.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Rothenberg, Joseph, , ,**

Mailing Address 1621 Rydalmount Rd

City

Cleveland Heights

State

OH

Zip Code

44118-1351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CHI Franciscan Health

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2019

**Transaction ID : VR05RT1ADA4**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

69.00

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