

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

FOR LINE NUMBER: PAGE 2002 OF 16709

(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)

**End Citizens United**

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

**A. Brazda, Shirley, , ,**

Mailing Address 255 Carolina Meadows Villa

City  
Chapel HillState  
NCZip Code  
27517-8526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1517.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2019

**Transaction ID : 8132338**

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 PO Box 441146

City

West Somerville

State  
MAZip Code  
02144-0031FEC 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 ▼

1122445.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2019

**Transaction ID : 8132338E**

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. Brazda, Shirley, , ,**

Mailing Address 255 Carolina Meadows Villa

City

Chapel Hill

State  
NCZip Code  
27517-8526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1517.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2019

**Transaction ID : 8133515**

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).....▶

8.00