

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

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

FOR LINE NUMBER: PAGE 8 OF 45

(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)

**Sierra Club Political Committee**

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

**A. Babcock, Janine, , ,**

Mailing Address 23933 W Woodway Ln

City  
Woodway

State  
WA

Zip Code  
98020-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Childrens University Medical Group

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2020

**Transaction ID : VVBHDQJEGE8**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Bains, David, , ,**

Mailing Address 1458 Kendall Ct

City  
Birmingham

State  
AL

Zip Code  
35209-6664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sanford University

Occupation (for Individual)  
College Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2020

**Transaction ID : VVBHDQJECJ0**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Balke, Derek, , ,**

Mailing Address 1001 Madison St NE

City  
Albuquerque

State  
NM

Zip Code  
87110-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 19 / 2020

**Transaction ID : VVBHDQJECZ3**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2250.00