

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

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

FOR LINE NUMBER: PAGE 18324 OF 749787

(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)

ActBlue

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

A. WAGNER, PAUL, , ,

Mailing Address 48 WESTERN SANDS

City
WALLINGFORD

State
CT

Zip Code
06492

FEC 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 ▼

502.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2018

Transaction ID : SA11AI_143408367

Amount of Each Receipt this Period

25.00

☐ Memo Item
Earmark

Earmarked for DCCC (C00000935)

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

B. WAGNER, PAULA, , ,

Mailing Address 7808 TUCKER ROAD

City
ASHLAND

State
KY

Zip Code
41102

FEC 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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2018

Transaction ID : SA11AI_142635577

Amount of Each Receipt this Period

250.00

☐ Memo Item
Earmark

Earmarked for END CITIZENS UNITED PAC (C00573261)

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

C. WAGNER, PAULA, , ,

Mailing Address 1404 GREENLEAF STREET

City
EVANSTON

State
IL

Zip Code
60202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVS

Occupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2018

Transaction ID : SA11AI_144171954

Amount of Each Receipt this Period

25.00

☐ Memo Item
Earmark

Earmarked for SCHAKOWSKY FOR CONGRESS (C00327023)

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

300.00

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