

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

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

FOR LINE NUMBER: PAGE 294 OF 12067

(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)

End Citizens United

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

A. Anderson, Wardene, , ,

Mailing Address 1017 Harvest Ln

City
LansingState
MIZip Code
48917-4241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAPPS (A Non-Profit)Occupation (for Individual)
Administrative Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2019

Transaction ID : VPFN8SEA2V9

Amount of Each Receipt this Period

3.00

☐ 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

MA

Zip Code

02144-0031

FEC 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 ▼

1012022.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2019

Transaction ID : VPFN8SEA2V9E

Amount of Each Receipt this Period

3.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Anderson, Wendy, , ,

Mailing Address 38 S Newberry St

City

York

State

PA

Zip Code

17401-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Clinical Therapist

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
08 / 08 / 2019

Transaction ID : VPFN8SC6ZT6

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Earmarked Contribution: See Below

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

28.00

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