

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 4420 OF 12067  
(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. Gutheil, Thomas, , ,**

Mailing Address 6 Wellman St

City  
BrooklineState  
MAZip Code  
02446-2831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2355.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2019

Transaction ID : VPFN8SDXS43

Amount of Each Receipt this Period

25.00

☐ 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	/	26	/	2019

Transaction ID : VPFN8SDXS43E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Gutheil, Thomas, , ,**

Mailing Address 6 Wellman St

City

Brookline

State

MA

Zip Code

02446-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2355.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2019

Transaction ID : VPFN8SE0247

Amount of Each Receipt this Period

3.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

28.00

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