

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**House Senate Victory Fund**

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

## **A. Actblue PAC**

Mailing Address PO Box 441146

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780196.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2019

**Transaction ID : SA11AI-561-10000**

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization

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

## **B. Leydon, Brenden, , ,**

Mailing Address 77 Old Wagon Rd

City  
Stamford

State  
CT

Zip Code  
06903

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wocl Leydon LLC

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2019

**Transaction ID : SA11AI-562**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Leydon, Brenden

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

## **C. Actblue PAC**

Mailing Address PO Box 441146

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

780196.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2019

**Transaction ID : SA11AI-562-10000**

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization

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

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

500.00