

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

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

FOR LINE NUMBER: PAGE 10576 OF 29071

(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)

Stop Republicans

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

A. Adam, Monique, , ,

Mailing Address 758 Kingston Ave
Apt 401

City
Oakland

State
CA

Zip Code
94611-4404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2019

Transaction ID : VTR0FJWABN3

Amount of Each Receipt this Period

7.00

☐ 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

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3474127.57

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2019

Transaction ID : VTR0FJWABN3E

Amount of Each Receipt this Period

7.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Murphy, Mary, , ,

Mailing Address 244 Avalon Dr

City

Pacifica

State

CA

Zip Code

94044-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mills Peninsula Health Services

Occupation (for Individual)

Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2019

Transaction ID : VTR0FJWCJN3

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

32.00