

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

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

FOR LINE NUMBER: PAGE 15410 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. Licata, Bill, , ,

Mailing Address 322 De Witt St
Apt 1

City
Portage

State
WI

Zip Code
53901-2114

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 ▼

155.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2019

Transaction ID : VTR0FJVVRA5

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

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 / 06 / 2019

Transaction ID : VTR0FJVVRA5E

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. Pritchard, David, , ,

Mailing Address 29 Morse St

City

Edgartown

State

MA

Zip Code

02539-8156

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Shutter Distributor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2019

Transaction ID : VTR0FJVWKA5

Amount of Each Receipt this Period

35.00

☐ Memo Item

* Earmarked Contribution: See Below

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

60.00

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