

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7811(OF 1812842

(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)

ActBlue

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

A. CRONIN, MICHAEL, , ,

Mailing Address 15626 NW RYEGRASS ST

City
PORTLANDState
ORZip Code
97229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAMBIA HEALTH SOLUTIONSOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : SA11AI_122831610

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark

Earmarked for NATIONAL DEMOCRATIC TRAINING
COMMITTEE PAC (C00603084)

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

B. CRONIN, MICHAEL, , ,

Mailing Address 41325 N CANYON RIDGE TR

City
CAVE CREEKState
AZZip Code
85331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NATUROPATHIC PHYSICIANS GROUPOccupation (for Individual)
NATUROPATHIC PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : SA11AI_122778014

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmark

Earmarked for SINEMA FOR ARIZONA ()

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

C. CRONIN, MICHAEL, , ,

Mailing Address 15626 NW RYEGRASS ST

City
PORTLANDState
ORZip Code
97229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAMBIA HEALTH SOLUTIONSOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : SA11AI_122831611

Amount of Each Receipt this Period

1.50

☐ Memo Item

Contribution to Act Blue

Contribution to ActBlue

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

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

116.50