

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)

ActBlue

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

A. WALTHER, ZENTA, , ,

Mailing Address 31 MOUNTAIN BROOK RD

City
NORTH HAVEN

State
CT

Zip Code
06473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

YALE UNIVERSITY SCHOOL OF MEDICINE

Occupation (for Individual)

PHYSICIAN-SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 28 / 2018

Transaction ID : SA11AI_123312373

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmark

Earmarked for DEMOCRATIC NATIONAL COMMITTEE (C00010603)

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

B. WALTHER, ZENTA, , ,

Mailing Address 31 MOUNTAIN BROOK RD

City
NORTH HAVEN

State
CT

Zip Code
06473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

YALE UNIVERSITY SCHOOL OF MEDICINE

Occupation (for Individual)

PHYSICIAN-SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

08 / 29 / 2018

Transaction ID : SA11AI_123482128

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark

Earmarked for LAUREN UNDERWOOD FOR CONGRESS (C00652719)

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

C. WALTHER, ZENTA, , ,

Mailing Address 31 MOUNTAIN BROOK RD

City
NORTH HAVEN

State
CT

Zip Code
06473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

YALE UNIVERSITY SCHOOL OF MEDICINE

Occupation (for Individual)

PHYSICIAN-SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10.00

Date of Receipt

08 / 29 / 2018

Transaction ID : SA11AI_123482130

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark

Earmarked for XOCHITL FOR NEW MEXICO (C00666149)

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

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

120.00