

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

FOR LINE NUMBER: PAGE 4662 OF 10524

(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)

Progressive Turnout Project

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

A. Stelton, Julie, , ,

Mailing Address 140 Cadman Plz W

City
BrooklynState
NYZip Code
11201-1852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not EmployedOccupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	27	/	2018

Transaction ID : VR05RPMAJM4

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. Actblue

Mailing Address 366 Summer St

City
SomervilleState
MAZip Code
02144-3132FEC 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 ▼

838360.92

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	29	/	2018

Transaction ID : VR05RPMAJM4E

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Black, Perry, , ,

Mailing Address 22 Summit St

City
PhiladelphiaState
PAZip Code
19118-2833FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drexel Univ. College of Med.Occupation (for Individual)
Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	28	/	2018

Transaction ID : VR05RPMBAM4

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Earmarked Contribution: See Below

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

105.00

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