

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

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

FOR LINE NUMBER: PAGE 17 OF 45

(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)

Common Sense Colorado

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

A. Wynne, William, , ,

Mailing Address 5275 S University Blvd

City

Greenwood Village

State

CO

Zip Code

80121-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wynne Health Group

Occupation (for Individual)

CEO And Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2019

Transaction ID : 1818578

Amount of Each Receipt this Period

2500.00

☐ 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

Somerville

State

MA

Zip Code

02144-3132

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2019

Transaction ID : 1818578E

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

2500.00

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

71750.00