

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 2459 OF 14569

(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. Hendricks, Kathy, , ,

Mailing Address PO Box 2161

City
CodyState
WYZip Code
82414-2161FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self employedOccupation (for Individual)
self employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2019

Transaction ID : VR05RSYAGN1

Amount of Each Receipt this Period

15.00

☐ 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

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1072897.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2019

Transaction ID : VR05RSYAGN1E

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Page, Bruce, , ,

Mailing Address 41 Rambling Brook Rd

City

Chappaqua

State

NY

Zip Code

10514-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hospice of WestchesterOccupation (for Individual)
Hospice Bereavement & Volunteer Coor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2019

Transaction ID : VR05RSYEEN1

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

30.00

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