

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

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

FOR LINE NUMBER: PAGE 2592 OF 14569

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Boynton, Elizabeth, , ,

Mailing Address 6 Cammock Roaf

City
Scarborough

State
ME

Zip Code
04074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not employed

Occupation (for Individual)
Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

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

Transaction ID : VR05RSYFRR1

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

Transaction ID : VR05RSYFRR1E

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. Leifer, Lauren, , ,

Mailing Address 2593 W Ellery Ave

City
Fresno

State
CA

Zip Code
93711-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
childrens hospital central caloif

Occupation (for Individual)
rn

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

871.00

Date of Receipt

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

Transaction ID : VR05RSYFXR1

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

30.00