

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

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

FOR LINE NUMBER: PAGE 6809 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. Sullivan, William, , ,**

Mailing Address 215 Heatherwood Rd

City  
Erdenheim

State  
PA

Zip Code  
19038-7840

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 ▼

171.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2019

Transaction ID : VR05RSWSBN4

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 / D D / Y Y Y Y Y Y  
08 / 07 / 2019

Transaction ID : VR05RSWSBN4E

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. Young, Carol, , ,**

Mailing Address 28 Angelus St

City  
Memphis

State  
TN

Zip Code  
38104-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Baptist Health Care Systems

Occupation (for Individual)

Medical editor/transcriptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2019

Transaction ID : VR05RSXDPN4

Amount of Each Receipt this Period

15.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

30.00