

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10195 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. Thibodeaux, Helenisa, , ,

Mailing Address 195 Moonraker Dr

City
SlidellState
LAZip Code
70458-5522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aureus Medical Group

Occupation (for Individual)

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2019

Transaction ID : VR05RSXM907

Amount of Each Receipt this Period

25.00

☐ 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
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 ▼

1072897.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2019

Transaction ID : VR05RSXM907E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Hawksley, Jane, , ,

Mailing Address 40 E 9th St

City

Chicago

State
ILZip Code
60605-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Riverside Psychiatric and Counseling S

Occupation (for Individual)

Advanced Practice Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2019

Transaction ID : VR05RSXMW07

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).....▶

40.00