

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**End Citizens United**

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

**A. Gutheil, Thomas, , ,**

Mailing Address 6 Wellman St

City  
Brookline

State  
MA

Zip Code  
02446-2831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1884.50

Date of Receipt

**07 / 02 / 2019**

**Transaction ID : VPFN8S7WN68**

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 PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

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 ▼

1116431.36

Date of Receipt

**07 / 03 / 2019**

**Transaction ID : VPFN8S7WN68E**

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. Gutheil, Thomas, , ,**

Mailing Address 6 Wellman St

City

Brookline

State

MA

Zip Code

02446-2831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Medical Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1934.50

Date of Receipt

**07 / 04 / 2019**

**Transaction ID : VPFN8S82EW6**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

65.00