

# **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. Kreiswirth, Stacy, , ,**

Mailing Address 201 E 17Th St  
Apt 23C

City  
New York

State  
NY

Zip Code  
10003-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Astor Medical Group

Occupation (for Individual)  
Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

07 / 19 / 2019

**Transaction ID : VPFN8S9YYS7**

Amount of Each Receipt this Period

43.00

☐ 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 / 22 / 2019

**Transaction ID : VPFN8S9YYS7E**

Amount of Each Receipt this Period

43.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Kresser, Linda, , ,**

Mailing Address 3596 E. Sun Valley Drive #104

City

Port Clinton

State

OH

Zip Code

43452

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

805.00

Date of Receipt

07 / 05 / 2019

**Transaction ID : VPFN8S93W62**

Amount of Each Receipt this Period

35.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

78.00