

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8069 OF 11390
(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)

End Citizens United

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

A. Powell, Jane, , ,

Mailing Address 5822 Candlewood Ln

City
HoustonState
TXZip Code
77057-2097FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Powell Public RelationsOccupation (for Individual)
President/Ceo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2019

Transaction ID : VPFN8SAAXD6

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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2019

Transaction ID : VPFN8SAAXD6E

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. Powell, Joan, , ,Mailing Address 66880 Pierson Blvd
Apt 2

City

Desert Hot Springs

State

CA

Zip Code

92240-3759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dale Nine-IHSS State Of CAOccupation (for Individual)
Caretaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

194.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2019

Transaction ID : VPFN8S8G156

Amount of Each Receipt this Period

3.00

☐ Memo Item

* Earmarked Contribution: See Below

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

18.00

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