

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9795 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. Thibodeaux, Helenisa, , ,**

Mailing Address 130 W Lee St

City  
SulphurState  
LAZip Code  
70663-5436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Trinity Health StaffingOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2019

Transaction ID : VPFN8S8M394

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	/	11	/	2019

Transaction ID : VPFN8S8M394E

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. Thibodeaux, Helenisa, , ,**

Mailing Address 130 W Lee St

City

Sulphur

State

LA

Zip Code

70663-5436

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Trinity Health StaffingOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

590.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : VPFN8S8SXX8

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

40.00

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