

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 65  
(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)

**Need To Impeach**

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

**A. ActBlue**

Mailing Address 14 Arrow Street

City  
CambridgeState  
MAZip Code  
02138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30731.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2020

**Transaction ID : INCA2680IDTA4728**

Amount of Each Receipt this Period

100.00

☒ Memo Item

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

**B. Williamson, Stephen, , ,**

Mailing Address 3000 Pacific Avenue

City

San Francisco

State  
CAZip Code  
94115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forager ProjectOccupation (for Individual)  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2020

**Transaction ID : IDTA4757**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. ActBlue**

Mailing Address 14 Arrow Street

City

Cambridge

State  
MAZip Code  
02138FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

30731.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2020

**Transaction ID : INCA2703IDTA4757**

Amount of Each Receipt this Period

100.00

☒ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

2100.00