

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Tina Smith for Minnesota

Full Name (Last, First, Middle Initial)

Burke, Linda, , ,

Mailing Address 14352 Itasca Bay

City

Dayton

State

MN

Zip Code

55327-3401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	0

Transaction ID : 3163873

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

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

Occupation

Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

629874.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	0

Transaction ID : 3163873E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Burke, M. Nicholas, , ,

Mailing Address 4105 Bayside Rd

City

Maple Plain

State

MN

Zip Code

55359-9619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allina

Occupation

Physician

Receipt For: 2020

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	0

Transaction ID : 2891797

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

150.00

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