

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 OF 415

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Giffords PAC

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

A. Weimer, Joan, Myers, ,

Mailing Address 62125 E Amberwood Dr

City  
TucsonState  
AZZip Code  
85739-1837FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2020

Transaction ID : 1569903

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Non-Contribution Account; Earmarked Contribution:  
See Below

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

B. ACT BLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

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 ▼

127475.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2020

Transaction ID : 1569903E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this  
organization.

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

C. Weinstein, Arthur, , ,

Mailing Address 2173 Edinboro Ave

City

Claremont

State

CA

Zip Code

91711-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MedStar Washington Hospital CenterOccupation (for Individual)  
Physician/Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2020

Transaction ID : 1561085

Amount of Each Receipt this Period

500.00

☐ Memo Item

| Non-Contribution Account

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

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

525.00