

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 388 OF 1072

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Action

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

A. Hernandez, Nancy, , ,

Mailing Address 1328 Lawton Ave

City
Pacific GroveState
CAZip Code
93950-5516FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2020

Transaction ID : VN8EQMR6XC2

Amount of Each Receipt this Period

25.00

☐ 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 SomervilleState
MAZip Code
02144-0031FEC 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 ▼

745994.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : VN8EQMR6XC2E

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. Heslep, Nacole, , ,

Mailing Address PO Box 230953

City
AnchorageState
AKZip Code
99523-0953FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alaska Native Tribal Health ConsortiumOccupation (for Individual)
Attorney

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
03 / 31 / 2020

Transaction ID : VN8EQMR5Z20

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

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

275.00

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