

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 406 OF 4305

(check only one)

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

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NAME OF COMMITTEE (In Full)

Let America Vote PAC

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

A. Brazda, Shirley, , ,

Mailing Address CAROLINA Mdws

Villa 255

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Psychotherapist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2020

Transaction ID : 11457528

Amount of Each Receipt this Period

5.00

☐ 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

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

939638.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2020

Transaction ID : 11457528E

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Brazda, Shirley, , ,

Mailing Address CAROLINA Mdws

Villa 255

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Psychotherapist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2020

Transaction ID : 11474760

Amount of Each Receipt this Period

4.00

☐ Memo Item

* Earmarked Contribution: See Below

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

9.00

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