

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35854 OF 868756

(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)

ActBlue

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

**A. BLACK, PENNY, , ,**

Mailing Address 1910 MYRA AVE

City  
LOS ANGELESState  
CAZip Code  
90027FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT EMPLOYEDOccupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

112.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2017

Transaction ID : SA11AI\_72389598

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 Earmark
Earmarked for KAMALA HARRIS FOR SENATE  
(C00571919)

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

**B. BLACK, PERRY, , ,**

Mailing Address 22 SUMMIT STREET

City  
PHILADELPHIAState  
PAZip Code  
19118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DREXEL UNIV. COLLEGE OF MEDICINEOccupation (for Individual)  
NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2017

Transaction ID : SA11AI\_70698856

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 Earmark

Earmarked for DCCC (C00000935)

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

**C. BLACK, PERRY, , ,**

Mailing Address 22 SUMMIT STREET

City  
PHILADELPHIAState  
PAZip Code  
19118FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DREXEL UNIV. COLLEGE OF MEDICINEOccupation (for Individual)  
NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Transaction ID : SA11AI\_72455966

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 Earmark

Earmarked for HOUSE MAJORITY PAC (C00495028)

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

1550.00

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