

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

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

FOR LINE NUMBER: PAGE 19966 OF 868756

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ActBlue

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

A. SMITH, AMY, , ,

Mailing Address 838 WEST END AVE 5B

City
NEW YORK

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TVI

Occupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2017

Transaction ID : SA11AI_70497432

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmark

Earmarked for PROGRESSIVE TURNOUT PROJECT
(C00580068)

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

B. SMITH, AMY, , ,

Mailing Address 838 WEST END AVE 5B

City
NEW YORK

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TVI

Occupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2017

Transaction ID : SA11AI_70595385

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmark

Earmarked for END CITIZENS UNITED PAC
(C00573261)

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

C. SMITH, AMY, , ,

Mailing Address 838 WEST END AVE 5B

City
NEW YORK

State
NY

Zip Code
10025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TVI

Occupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2017

Transaction ID : SA11AI_70814011

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Earmark

Earmarked for DONNELLY FOR INDIANA (C00393652)

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

3300.00

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