

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Bob Casey for Senate Inc

A. Full Name (Last, First, Middle Initial)
Mackenzie, Janice, , ,

Mailing Address 612 Washington Ave

City
Sellersville

State
PA

Zip Code
18960-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Acupuncturist

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	8

Transaction ID : VNVWKGARHK8

Amount of Each Receipt this Period

10.00

☐ Memo Item

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACTBLUE

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

Occupation
Conduit total listed in Agg. field

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

708233.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	8

Transaction ID : VNVWKGARHK8E

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Turkel, Michael, , ,

Mailing Address 13 W Chestnut St

City
Lancaster

State
PA

Zip Code
17603-3542

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC Pinnacle

Occupation
Hospital Administrator

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	8

Transaction ID : VNVWKG3GRK8

Amount of Each Receipt this Period

500.00

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

510.00