

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

FOR LINE NUMBER: PAGE 157 OF 6897

(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)

National Democratic Training Committee PAC

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

A. Amsel, Patti, , ,

Mailing Address 12145 Falls Rd

City

Cockeysville

State

MD

Zip Code

21030-1610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Md. Group Faculty Practice

Occupation (for Individual)

Social Worker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

414.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2020

Transaction ID : VSGVDKFZ915

Amount of Each Receipt this Period

7.50

☐

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

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

924007.34

Date of Receipt

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

Transaction ID : VSGVDKFZ915E

Amount of Each Receipt this Period

7.50

☒

Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Andersen, Marsha, , ,

Mailing Address 8302 Kingsdale Dr

City

Huntington Beach

State

CA

Zip Code

92646-3829

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VECTOR Inc.

Occupation (for Individual)

Vocational Evaluator

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2020

Transaction ID : VSGVDKADBP9

Amount of Each Receipt this Period

15.00

☐

Memo Item

* Earmarked Contribution: See Below

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

22.50

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