

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use 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"/> 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)

**Progressive Turnout Project**

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

**A. Thibodeaux, Helenisa, , ,**

Mailing Address 195 Moonraker Dr

City  
SlidellState  
LAZip Code  
70458-5522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aureus Medical GroupOccupation (for Individual)  
Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2020

**Transaction ID : VR05RV9H236**

Amount of Each Receipt this Period

15.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. Actblue**

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132FEC 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 ▼

1458124.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2020

**Transaction ID : VR05RV9H236E**

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Visscher, William, , ,**

Mailing Address 1352 Waller St

City  
San FranciscoState  
CAZip Code  
94117-2921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hupalo & Repasky pipe organsOccupation (for Individual)  
Pipe organ builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

156.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2020

**Transaction ID : VR05RV5P746**

Amount of Each Receipt this Period

11.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

26.00

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