

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

FOR LINE NUMBER: PAGE 6155 OF 8450

(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)

**Progressive Turnout Project**

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

**A. Stewart, Jayne, , ,**

Mailing Address 319 Kansas St

City  
LindenhurstState  
NYZip Code  
11757-5219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not employed

Occupation (for Individual)

Not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2020

Transaction ID : VR05RV7J0H7

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	/	12	/	2020

Transaction ID : VR05RV7J0H7E

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. Allan, David, , ,**

Mailing Address 2195 Station Village Way

City  
San DiegoState  
CAZip Code  
92108-6514FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

649.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2020

Transaction ID : VR05RV7QMH7

Amount of Each Receipt this Period

10.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

25.00

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