

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 276
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Schneider for Congress

A. 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: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **121135.33**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 11 / 2013

Transaction ID : C7299825AB

Amount of Each Receipt this Period
 _____ **500.00**

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Nancy Jacobson

Mailing Address **3121 O St NW**

City **Washington** State **DC** Zip Code **20007-3117**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation _____
No Labels self-employed

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 11 / 2013

Transaction ID : C7441043A

Amount of Each Receipt this Period
 _____ **500.00**

* Earmarked Contribution: See Below

C. 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: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **121135.33**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 15 / 2013

Transaction ID : C7441043AB

Amount of Each Receipt this Period
 _____ **500.00**

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

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

_____ **500.00**
