

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 49

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Electing Women Political Action Committee

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

A. 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 ▼

13600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2019

Transaction ID : VN8XQKTVP31E

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

B. Barton, Laura, , ,

Mailing Address 2025 E 4Th Ave

City

Denver

State

CO

Zip Code

80206-4103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2019

Transaction ID : VN8XQKTVP30

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Bauer, Michele, , ,

Mailing Address 1390 S Pennsylvania St

City

Denver

State

CO

Zip Code

80210-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Teva

Occupation (for Individual)

Pharmaceutical Sales

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2019

Transaction ID : VN8XQKZE0D9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

* Earmarked Contribution: See Below

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

2000.00

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