

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

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

FOR LINE NUMBER: PAGE 2250 OF 3088

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Democratic Redistricting PAC

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

A. Rogers, Linda, , ,

Mailing Address 211 E 18th St

Apt 5J

City

New York

State

NY

Zip Code

10003-3627

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mount Sinai Health System

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2019

Transaction ID : VTE96XQSVD7

Amount of Each Receipt this Period

50.00

☐ 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696592.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2019

Transaction ID : VTE96XQSVD7E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Gonnet, Jacqueline, , ,

Mailing Address 162 E 80th St

City

New York

State

NY

Zip Code

10075-0426

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2019

Transaction ID : VTE96XYBMD7

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

350.00