

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

FOR LINE NUMBER: PAGE 2731 OF 3088

(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)

National Democratic Redistricting PAC

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

A. Tazzia, Charles, , ,

Mailing Address 359 Chalfonte Ave

City

Grosse Pointe Farms

State

MI

Zip Code

48236-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BASF Corporation

Occupation (for Individual)

Market Development

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2019

Transaction ID : VTE96XWXY29

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 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 ▼

696592.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2019

Transaction ID : VTE96XWXY29E

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. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2019

Transaction ID : VTE96XWY329

Amount of Each Receipt this Period

50.00

☐

Memo Item

* Earmarked Contribution: See Below

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

65.00

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