

# **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)

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

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NAME OF COMMITTEE (In Full)

**Indivisible Action**

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

**A. Kaplan, Alice, , ,**

Mailing Address 1965 Broadway Apt. 24E

City  
New York

State  
NY

Zip Code  
10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
none

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2019

**Transaction ID : SA17.120152**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Non-Contribution Account

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

**B. Kastler, Mark, , ,**

Mailing Address 5938 S. Eudora St.

City  
Centennial

State  
CO

Zip Code  
80121

FEC 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 26 / 2019

**Transaction ID : SA17.119829**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Non-Contribution Account

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

**C. Katz, Helena, , ,**

Mailing Address 2458 Prince St

City  
Berkeley

State  
CA

Zip Code  
94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
City and Cty of San Francisco

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2019

**Transaction ID : SA17.120850**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Non-Contribution Account

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

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

375.00