

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

FOR LINE NUMBER: PAGE 1336 OF 1489

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Giffords PAC**

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

**A. Turner, Patricia, , ,**

Mailing Address 1816 Hermitage Pl

City  
DecaturState  
GAZip Code  
30033-1141FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2019

**Transaction ID : 1411109**

Amount of Each Receipt this Period

50.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below

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

**B. ACT BLUE**

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 (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723271.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2019

**Transaction ID : 1411109E**

Amount of Each Receipt this Period

50.00

☒ Memo ItemNote: Above Contribution earmarked through this  
organization.

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

**C. Beck, Rachel, , ,**

Mailing Address 4215 Montgomery Ave

City

Davis

State

CA

Zip Code

95618-5066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UCDavisOccupation (for Individual)  
Veterinarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2019

**Transaction ID : 1389509**

Amount of Each Receipt this Period

500.00

☐ Memo Item\* Non-Contribution Account; Earmarked Contribution:  
See Below**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00