

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

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

FOR LINE NUMBER: PAGE 1464 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. Pitcher, Marilyn, , ,

Mailing Address 1744 Platte River Ct

City  
WindsorState  
COZip Code  
80550-3381FEC 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 ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2019

Transaction ID : 1422999

Amount of Each Receipt this Period

10.00

☐ 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		25		2019

Transaction ID : 1422999E

Amount of Each Receipt this Period

10.00

☒ Memo Item

Note: Above Contribution earmarked through this  
organization.

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

C. Bloom, John, , ,

Mailing Address 137 Harbour Dr

City

Springboro

State

OH

Zip Code

45066-8157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CareSourceOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2019

Transaction ID : 1401199

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Non-Contribution Account; Earmarked Contribution:  
See Below

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

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

110.00