

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

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

FOR LINE NUMBER: PAGE 12805 OF 14639

(check only one)

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

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NAME OF COMMITTEE (In Full)

End Citizens United

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

A. Thibodeaux, Helenisa, , ,

Mailing Address 675 N Main St

City
Winston Salem

State
NC

Zip Code
27101-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NovantHealth

Occupation (for Individual)
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.49

Date of Receipt

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

Transaction ID : 6654870

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 ▼

1194153.39

Date of Receipt

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

Transaction ID : 6654870E

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. Thibodeaux, Helenisa, , ,

Mailing Address 675 N Main St

City
Winston Salem

State
NC

Zip Code
27101-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NovantHealth

Occupation (for Individual)
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

952.49

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2019

Transaction ID : 6656351

Amount of Each Receipt this Period

10.50

☐ Memo Item

* Earmarked Contribution: See Below

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

60.50

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