

**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)	PAGE 165 OF 297
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Humanity Forward Fund**

**A. ActBlue California**

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229220.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2020

**Transaction ID : INCA380IDTA3147**

Amount of Each Receipt this Period  
 2020.20

Memo Item

**B. Rapier, George, , ,**

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

Mailing Address 8637 Fredericksburg Road, #360

City San Antonio	State TX	Zip Code 78240
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wellmed	Occupation (for Individual) Chief Executive Officer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
120020.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2020

**Transaction ID : IDTA3197**

Amount of Each Receipt this Period  
 100000.00

Memo Item

**C. ActBlue California**

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
229220.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2020

**Transaction ID : INCA380IDTA3197**

Amount of Each Receipt this Period  
 100000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100000.00
<b>TOTAL</b> This Period (last page this line number only).....	