

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

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

FOR LINE NUMBER: PAGE 374 OF 609

(check only one)

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

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)

**Swing Left**

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

**A. Weinstein, Stephen, , ,**

Mailing Address 101 Cliff Rd

City  
Nantucket

State  
MA

Zip Code  
02554-2170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Renaissance Services

Occupation (for Individual)  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

**12** / **18** / **2019**

**Transaction ID : VTEFHXY7967**

Amount of Each Receipt this Period

30.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. ActBlue**

Mailing Address PO Box 41146

City  
Somerville

State  
MA

Zip Code  
02144

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 ▼

497115.33

Date of Receipt

**12** / **24** / **2019**

**Transaction ID : VTEFHXY7967E**

Amount of Each Receipt this Period

30.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Buechler, Leisl, , ,**

Mailing Address 10518 8th Ave N

City  
Plymouth

State  
MN

Zip Code  
55441-4494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Fairview

Occupation (for Individual)  
Neonatal Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

**12** / **16** / **2019**

**Transaction ID : VTEFHXXS967**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

80.00