

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 417 OF 609

(check only one)

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

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NAME OF COMMITTEE (In Full)

Swing Left

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

A. Roseberry, Phyllis, , ,

Mailing Address PO Box 1724

City
WorlandState
WYZip Code
82401-1724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2019

Transaction ID : VTEFHXXNZ38

Amount of Each Receipt this Period

20.00

☐ 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
SomervilleState
MAZip Code
02144FEC 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

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2019

Transaction ID : VTEFHXXNZ38E

Amount of Each Receipt this Period

20.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Deutscher, Lisa, , ,

Mailing Address 375 Riverside Dr
Apt 14ECity
New YorkState
NYZip Code
10025-2150FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2019

Transaction ID : VTEFHXXP038

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).....▶

70.00