

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

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

FOR LINE NUMBER: PAGE 964 OF 1384  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 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. Broderick, Jim, , ,**

Mailing Address 1150 Escalera St

City  
Laramie

State  
WY

Zip Code  
82072-5020

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
None

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

**09 / 12 / 2019**

**Transaction ID : 1437786**

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 ▼

211724.57

Date of Receipt

**09 / 15 / 2019**

**Transaction ID : 1437786E**

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. Jones, Christine, , ,**

Mailing Address 17756 E Ida Ave

City

Centennial

State

CO

Zip Code

80015-3097

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
UC Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

**09 / 10 / 2019**

**Transaction ID : 1438186**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

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

35.00