

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ActBlue

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

**A. HARRIS, ROBERT, , ,**

Mailing Address 201 E WASHINGTON ST 1002

City  
IOWA CITYState  
IAZip Code  
52240FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UIHC

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

Transaction ID : SA11AI\_83654676

Amount of Each Receipt this Period

10.00

☐ Memo Item

Earmark

Earmarked for PROGRESSIVE CHANGE CAMPAIGN  
COMMITTEE (C00458000)

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

**B. HARRIS, ROBERT, , ,**

Mailing Address 601 BRAXTON PLACE

City

ALEXANDRIA

State

VA

Zip Code

22301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NUTTER &amp; HARRIS

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : SA11AI\_83798583

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmark

Earmarked for FRIENDS OF JIM CLYBURN  
(C00255562)

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

**C. HARRIS, ROBERT, , ,**

Mailing Address 201 E WASHINGTON ST 1002

City

IOWA CITY

State

IA

Zip Code

52240

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UIHC

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

Transaction ID : SA11AI\_83777043

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark

Earmarked for PROGRESSIVE TURNOUT PROJECT  
(C00580068)

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

525.00

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