

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

PAGE 8673 OF 1042649

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

ActBlue

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

A. LAMEL, JOSHUA, , ,

Mailing Address 5510 TRENT ST

City
CHEVY CHASEState
MDZip Code
20815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BGR GROUPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2017

Transaction ID : SA11AI_85407631

Amount of Each Receipt this Period

250.00

☐ Memo Item
 Earmark

Earmarked for SUOZZI 2016 (C00607200)

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

B. LAMENDOLA, CINDY, , ,

Mailing Address 440 SANTA MONICA AVE

City
MENLO PARKState
CAZip Code
94025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY SETTINGOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2017

Transaction ID : SA11AI_84134401

Amount of Each Receipt this Period

15.00

☐ Memo Item
 Earmark
Earmarked for FRIENDS OF CHERI BUSTOS
(C00498568)

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

C. LAMENDOLA, MICHELE, , ,

Mailing Address 157 TRINITY DR

City
HOLLEYState
NYZip Code
14470FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2017

Transaction ID : SA11AI_84303665

Amount of Each Receipt this Period

5.00

☐ Memo Item
 Earmark

Earmarked for DCCC (C00000935)

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

270.00

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