

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

PAGE 12327 (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. MARTENS, ROB, , ,

Mailing Address 1289 DIXBORO

City
ANN ARBORState
MIZip Code
48105FEC 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 ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Transaction ID : SA11AI_85921684

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmark

Earmarked for STABENOW FOR US SENATE
(C00344473)

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

B. MARTENS, SUZANNE, , ,

Mailing Address 38 LAKE BREEZE LANE

City
RANDOM LAKEState
WIZip Code
53075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFINITY HEALTHCAREOccupation (for Individual)
PHYSICIAN

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
06		20		2017

Transaction ID : SA11AI_84910199

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmark

Earmarked for TAMMY BALDWIN FOR SENATE
(C00326801)

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

C. MARTENS, SUZANNE, , ,

Mailing Address 38 LAKE BREEZE LANE

City
RANDOM LAKEState
WIZip Code
53075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFINITY HEALTHCAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2017

Transaction ID : SA11AI_84910194

Amount of Each Receipt this Period

10.00

☐ Memo Item

Contribution to Act Blue

Contribution to ActBlue

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

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

135.00