

**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. PERKINS, JAMES, , ,**

Mailing Address 10007 BRAES FOREST

City  
HOUSTONState  
TXZip Code  
77071FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STAGE STORESOccupation (for Individual)  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2017

**Transaction ID : SA11AI\_83850624**

Amount of Each Receipt this Period

1.50

☐ Memo Item

Contribution to Act Blue

Contribution to ActBlue

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

**B. PERKINS, JAMES, , ,**

Mailing Address 4011 WALLINGFORD AV N

City  
SEATTLEState  
WAZip Code  
09103FEC 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 ▼

8.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2017

**Transaction ID : SA11AI\_83926887**

Amount of Each Receipt this Period

1.00

☐ Memo Item

Earmark

Earmarked for DCCC (C00000935)

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

**C. PERKINS, JAMES, , ,**

Mailing Address 906 MICHIGAN AVE 3

City  
EVANSTONState  
ILZip Code  
60202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTHSHORE UNIVERSITY HEALTHSYSTEMOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

**Transaction ID : SA11AI\_84108281**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmark

Earmarked for JON OSSOFF FOR CONGRESS  
(C00630426)**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

52.50