

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**ActBlue**

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

**A. SCHWEN, ROY, , ,**

Mailing Address 6240 YELLOW WOOD PL

City  
SARASOTA

State  
FL

Zip Code  
34241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT EMPLOYED

Occupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 08 / 2017

Transaction ID : SA11AI\_83673691

Amount of Each Receipt this Period

35.00

☐ Memo Item

Earmark

Earmarked for NATIONAL DEMOCRATIC TRAINING  
COMMITTEE PAC (C00603084)

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

**B. SCHWEN, SARAH, , ,**

Mailing Address 154 STONY CREEK OVERLOOK

City  
NOBLESVILLE

State  
IN

Zip Code  
46060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ESKENAZI MEDICAL GROUP

Occupation (for Individual)  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

06 / 23 / 2017

Transaction ID : SA11AI\_85201219

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmark

Earmarked for DONNELLY FOR INDIANA (C00393652)

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

**C. SCHWEN, SARAH, , ,**

Mailing Address 154 STONY CREEK OVERLOOK

City  
NOBLESVILLE

State  
IN

Zip Code  
46060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ESKENAZI MEDICAL GROUP

Occupation (for Individual)  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5.00

Date of Receipt

06 / 23 / 2017

Transaction ID : SA11AI\_85201220

Amount of Each Receipt this Period

5.00

☐ Memo Item

Contribution to Act Blue

Contribution to ActBlue

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

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

90.00