

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

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

FOR LINE NUMBER: PAGE 5792 OF 11932

(check only one)

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

Progressive Turnout Project

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

A. Whaley, James, , ,

Mailing Address 6404 N Peniel Ave

City
Oklahoma City

State
OK

Zip Code
73132-7212

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 ▼

334.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2019

Transaction ID : VR05RSSJ3T4

Amount of Each Receipt this Period

2.50

☐ Memo Item

* Earmarked Contribution: See Below

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

B. Actblue

Mailing Address 366 Summer St

City
Somerville

State
MA

Zip Code
02144-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915507.27

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2019

Transaction ID : VR05RSSJ3T4E

Amount of Each Receipt this Period

2.50

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Blake, Suzanne, , ,

Mailing Address 7 Noonhill Rd

City
Medfield

State
MA

Zip Code
02052-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

eClinicalWorks

Occupation (for Individual)

Corporate Trainer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

812.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2019

Transaction ID : VR05RSSM9T4

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

7.50

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