

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7319 OF 11932

(check only one)

<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)

**Progressive Turnout Project**

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

**A. Ewing, James, , ,**

Mailing Address 3109 Willow Creek Dr SW

City  
GainesvilleState  
GAZip Code  
30504-5581FEC 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 ▼

215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	11	/	2019

**Transaction ID : VR05RSTPZ46**

Amount of Each Receipt this Period

9.00

☐ 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  
SomervilleState  
MAZip Code  
02144-3132FEC 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	/	14	/	2019

**Transaction ID : VR05RSTPZ46E**

Amount of Each Receipt this Period

9.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Brazda, shirley, , ,**

Mailing Address 255 Carolina Meadows Villa

City  
Chapel HillState  
NCZip Code  
27517-8526FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07	/	12	/	2019

**Transaction ID : VR05RSTSN46**

Amount of Each Receipt this Period

8.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

17.00

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