

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

FOR LINE NUMBER: PAGE 1542 OF 1434060

(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)

ActBlue

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

A. CONAWAY, JOAN, , ,

Mailing Address 121 W 48TH STREET 602

City
KANSAS CITYState
MOZip Code
64112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STOWERS INSTITUTE FOR MEDICAL RESEARCH

Occupation (for Individual)

BIOCHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	29	2018

Transaction ID : SA11AI_116050095

Amount of Each Receipt this Period

10.00

☐ Memo Item

Contribution to Act Blue

Contribution to ActBlue

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

B. CONAWAY, JOAN, , ,

Mailing Address 121 W 48TH STREET 602

City
KANSAS CITYState
MOZip Code
64112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STOWERS INSTITUTE FOR MEDICAL RESEARCH

Occupation (for Individual)

BIOCHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	29	2018

Transaction ID : SA11AI_116050028

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmark

Earmarked for MCCASKILL FOR MISSOURI
(C00431304)

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

C. CONAWAY, JUNE, , ,

Mailing Address 1133 RIDGECLIFF DR

City
RURAL HALLState
NCZip Code
27045FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WAKE FOREST BAPTIST HEALTH

Occupation (for Individual)

ADMIN ASST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	22	2018

Transaction ID : SA11AI_115135612

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark

Earmarked for MCCASKILL FOR MISSOURI
(C00431304)

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

515.00

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