

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE i6331:OF 143406

<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			

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)

**ActBlue**

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

**A. SMITH, AMY, , ,**

Mailing Address 1521 SOUTH FLORENCE AVENUE

City  
TULSAState  
OKZip Code  
74104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF

Occupation (for Individual)

WEB DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2018

**Transaction ID : SA11AI\_114928193**

Amount of Each Receipt this Period

1.00

☐ Memo Item

Contribution to Act Blue

Contribution to ActBlue

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

**B. SMITH, AMY, , ,**

Mailing Address 838 WEST END AVE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

THE VILLAGE INSTITUTE

Occupation (for Individual)

PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2018

**Transaction ID : SA11AI\_115370781**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Contribution to Act Blue

Contribution to ActBlue

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

**C. SMITH, AMY, , ,**

Mailing Address 838 WEST END AVE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

THE VILLAGE INSTITUTE

Occupation (for Individual)

PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2018

**Transaction ID : SA11AI\_115370771**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmark

Earmarked for NANCY PELOSI FOR CONGRESS  
(C00213512)**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

521.00