

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

FOR LINE NUMBER: PAGE 7827-OF 626482

(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. LAMEL, ELLEN, , ,**

Mailing Address 1045 N MAR VISTA AVE

City  
PASADENAState  
CAZip Code  
91104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HEALTHCARE PARTNERSOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

Transaction ID : SA11AI\_87340358

Amount of Each Receipt this Period

1.00

☐ Memo Item

Earmark

Earmarked for Democratic Nominee for TX-32. Held pursuant to AOs 1977-16 and 1982-23

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

**B. LAMEL, JOSHUA, , ,**

Mailing Address 5510 TRENT ST

City  
CHEVY CHASEState  
MDZip Code  
20815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BGR GROUPOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2017

Transaction ID : SA11AI\_86792200

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Earmark

Earmarked for HOLDING ONTO OREGON'S PRIORITIES (C00392738)

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

**C. LAMENDOLA, CINDY, , ,**

Mailing Address 440 SANTA MONICA AVE

City  
MENLO PARKState  
CAZip Code  
94025FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY SETTINGOccupation (for Individual)  
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2017

Transaction ID : SA11AI\_86771438

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark

Earmarked for FRIENDS OF CHERI BUSTOS (C00498568)

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

2516.00

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