

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8502 OF 626482

☒ 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)

ActBlue

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

A. SCHWEN, ROY, , ,

Mailing Address 6240 YELLOW WOOD PL

City
SARASOTA

State
FL

Zip Code
34241

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 ▼

245.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2017

Transaction ID : SA11AI_86460858

Amount of Each Receipt this Period

35.00

☐ Memo Item

Earmark

Earmarked for NATIONAL DEMOCRATIC TRAINING
COMMITTEE PAC (C00603084)

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

B. SCHWEN, ROY, , ,

Mailing Address 6240 YELLOW WOOD PL

City
SARASOTA

State
FL

Zip Code
34241

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 ▼

24.50

Date of Receipt

MM / DD / YYYY
07 / 08 / 2017

Transaction ID : SA11AI_86460857

Amount of Each Receipt this Period

3.50

☐ Memo Item

Contribution to Act Blue

Contribution to ActBlue

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

C. SCHWEN, SARAH, , ,

Mailing Address 154 STONY CREEK OVERLOOK

City
NOBLESVILLE

State
IN

Zip Code
46060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ESKENAZI MEDICAL GROUP

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

MM / DD / YYYY
07 / 13 / 2017

Transaction ID : SA11AI_86812922

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmark

Earmarked for DONNELLY FOR INDIANA (C00393652)

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

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

88.50