

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

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

FOR LINE NUMBER: PAGE 73488 OF 1473188

(check only one)

☒ 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. BLACK, PERRY, , ,

Mailing Address 22 SUMMIT STREET

City
PHILADELPHIA

State
PA

Zip Code
19118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DREXEL UNIV. COLLEGE OF MEDICINE

Occupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 27 / 2017

Transaction ID : SA11AI_82428936

Amount of Each Receipt this Period

500.00

☐ Memo Item
Earmark

Earmarked for HOUSE MAJORITY PAC (C00495028)

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

B. BLACK, PERRY, , ,

Mailing Address 22 SUMMIT STREET

City
PHILADELPHIA

State
PA

Zip Code
19118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DREXEL UNIV. COLLEGE OF MEDICINE

Occupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 28 / 2017

Transaction ID : SA11AI_82494353

Amount of Each Receipt this Period

100.00

☐ Memo Item
Earmark

Earmarked for PROGRESSIVE TURNOUT PROJECT (C00580068)

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

C. BLACK, PERRY, , ,

Mailing Address 22 SUMMIT STREET

City
PHILADELPHIA

State
PA

Zip Code
19118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DREXEL UNIV. COLLEGE OF MEDICINE

Occupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7900.00

Date of Receipt

05 / 29 / 2017

Transaction ID : SA11AI_82603317

Amount of Each Receipt this Period

500.00

☐ Memo Item
Earmark

Earmarked for DCCC (C00000935)

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

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

1100.00