

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

FOR LINE NUMBER: PAGE 17278 OF 1473188

(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

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. PERKINS, HERBERT, , ,**

Mailing Address 190 GEORGE STREET W

City  
SAINT PAULState  
MNZip Code  
55107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NOT EMPLOYEDOccupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2017

Transaction ID : SA11AI\_80542661

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmark

Earmarked for JON OSSOFF FOR CONGRESS  
(C00630426)

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

**B. PERKINS, JAMES, , ,**

Mailing Address 906 MICHIGAN AVE 3

City  
EVANSTONState  
ILZip Code  
60202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTHSHORE UNIVERSITY HEALTHSYSTEMOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2017

Transaction ID : SA11AI\_78785226

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmark

Earmarked for JON OSSOFF FOR CONGRESS  
(C00630426)

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

**C. PERKINS, JAMES, , ,**

Mailing Address 906 MICHIGAN AVE 3

City  
EVANSTONState  
ILZip Code  
60202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTHSHORE UNIVERSITY HEALTHSYSTEMOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

Transaction ID : SA11AI\_79752096

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmark

Earmarked for JON OSSOFF FOR CONGRESS  
(C00630426)

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

200.00

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