

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 17279 OF 1473188

☒ 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. PERKINS, JAMES, , ,

Mailing Address 807 N TRADE STREET

City
WINSTON-SALEM

State
NC

Zip Code
27101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
D.L. DAVIS & CO., INC.

Occupation (for Individual)
DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
05 / 17 / 2017

Transaction ID : SA11AI_81493235

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Earmark

Earmarked for DD ADAMS FOR CONGRESS
(C00637785)

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

B. PERKINS, JAMES, , ,

Mailing Address 22 MT VERNON ST

City
NORTH READING

State
MA

Zip Code
01864

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
H

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

MM / DD / YYYY
05 / 18 / 2017

Transaction ID : SA11AI_81600066

Amount of Each Receipt this Period

15.00

☐ Memo Item

Earmark

Earmarked for RE-ELECT MCGOVERN COMMITTEE
(C00285171)

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

C. PERKINS, JAMES, , ,

Mailing Address 906 MICHIGAN AVE 3

City
EVANSTON

State
IL

Zip Code
60202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHSHORE UNIVERSITY HEALTHSYSTEM

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

MM / DD / YYYY
05 / 19 / 2017

Transaction ID : SA11AI_81621943

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmark

Earmarked for JON OSSOFF FOR CONGRESS
(C00630426)

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

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

2615.00