

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

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

FOR LINE NUMBER: PAGE 15814 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. WRIGHT, KAREN, , ,

Mailing Address 270 CRESCENT AVE

City  
VALLEY PARKState  
MOZip Code  
63088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
OPTOMETRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2017

Transaction ID : SA11AI\_82158060

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark

Earmarked for ROB QUIST FOR MONTANA  
(C00632232)

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

B. WRIGHT, KAREN, , ,

Mailing Address 270 CRESCENT AVE

City  
VALLEY PARKState  
MOZip Code  
63088FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFOccupation (for Individual)  
OPTOMETRIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2017

Transaction ID : SA11AI\_82335221

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmark

Earmarked for JON OSSOFF FOR CONGRESS  
(C00630426)

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

C. WRIGHT, KAREN, , ,

Mailing Address 5490 KENWOOD DRIVE

City  
MURRAYState  
UTZip Code  
84107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TURN COMMUNITY SERVICESOccupation (for Individual)  
PROGRAM COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2017

Transaction ID : SA11AI\_82306556

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Earmark

Earmarked for BRAD SCHNEIDER FOR CONGRESS  
(C00495952)

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

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

1010.00