

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

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

FOR LINE NUMBER: PAGE 1191 OF 1615

(check only one)

<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Giffords PAC

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

A. Porter, Penelope, , ,

Mailing Address 447 S Stone Ave

Unit 1

City

Tucson

State

AZ

Zip Code

85701-2384

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Veterinarian

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 1478458

Amount of Each Receipt this Period

3.00

☐ Memo Item

* Non-Contribution Account; Earmarked Contribution:
See Below

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

B. ACT BLUE

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

165763.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2019

Transaction ID : 1478458E

Amount of Each Receipt this Period

3.00

☒ Memo Item

Note: Above Contribution earmarked through this
organization.

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

C. Posner, David, , ,

Mailing Address 5 Dunhill Road New Hyde Park

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northwell Health

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2019

Transaction ID : 1473233

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Non-Contribution Account; Earmarked Contribution:
See Below

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

28.00

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