

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 687 OF 6347  
(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
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NAME OF COMMITTEE (In Full)

**Progressive Turnout Project**

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

**A. Clegg, Frederick, , ,**

Mailing Address 1367 Diablo Dr

City

San Luis Obispo

State

CA

Zip Code

93405-4844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
noneOccupation (for Individual)  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

982.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04	/	25	/	2019

**Transaction ID : VR05RSCCT11**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. Actblue**

Mailing Address 366 Summer St

City

Somerville

State

MA

Zip Code

02144-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715862.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04	/	28	/	2019

**Transaction ID : VR05RSCCT11E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Leifer, Lauren, , ,**

Mailing Address 2593 W Ellery Ave

City

Fresno

State

CA

Zip Code

93711-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
childrens hospital central caloifOccupation (for Individual)  
rn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

448.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04	/	25	/	2019

**Transaction ID : VR05RSCDJ11**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00