

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 OF 1926

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

House Majority PAC

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

A. Forbes, Sue, , ,

Mailing Address PO Box 616

City

Topanga

State

CA

Zip Code

90290-0616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Garden Designer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2020

Transaction ID : VN8FNMMAZ60

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ACTBLUE

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 ▼

486858.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2020

Transaction ID : VN8FNMMAZ60E

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. La Farge, Grant, , ,

Mailing Address PO Box 4760

City

Santa Fe

State

NM

Zip Code

87502-4760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New Mexico Medical Board

Occupation (for Individual)

Medical Director

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

1241.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : VN8FNMMJ160

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

10.00

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