

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 894 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. Tsurumi, Yoshihiro, , ,

Mailing Address 159 Rock Creek Ln

City
ScarsdaleState
NYZip Code
10583-7314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2020

Transaction ID : VN8FNMPJDV5

Amount of Each Receipt this Period

35.00

☐ 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
CambridgeState
MAZip Code
02238-2110FEC 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486858.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2020

Transaction ID : VN8FNMPJDV5E

Amount of Each Receipt this Period

35.00

☒ 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 FeState
NMZip Code
87502-4760FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Mexico Medical BoardOccupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1241.00

Date of Receipt

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

Transaction ID : VN8FNMPNBV5

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

40.00

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