

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Black, Perry, , ,

Mailing Address 22 Summit St

City
Philadelphia

State
PA

Zip Code
19118-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drexel Univ. College of Med.

Occupation (for Individual)
Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2017

Transaction ID : VR05RKJ5WV2

Amount of Each Receipt this Period

100.00

☐ 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 ▼

2523635.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2017

Transaction ID : VR05RKJ5WV2E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Black, Perry, , ,

Mailing Address 22 Summit St

City
Philadelphia

State
PA

Zip Code
19118-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drexel Univ. College of Med.

Occupation (for Individual)
Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2017

Transaction ID : VR05RKZR456

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

200.00