

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5259 OF 6468

(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. Rice, William, , ,**

Mailing Address 24331 Wilma Cir

City  
Eagle RiverState  
AKZip Code  
99577-9680FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Park ServiceOccupation (for Individual)  
Management Biologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04		05		2018

**Transaction ID : VR05RNHRG98**

Amount of Each Receipt this Period

50.00

☐ 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  
SomervilleState  
MAZip Code  
02144-3132FEC 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 ▼

769155.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04		08		2018

**Transaction ID : VR05RNHRG98E**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Adler, Elaine, , ,**

Mailing Address 910 Franklin Lake Rd

City  
Franklin LakesState  
NJZip Code  
07417-2153FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Myron CorpOccupation (for Individual)  
Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
04		05		2018

**Transaction ID : VR05RNHRN98**

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

150.00

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