

**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)	PAGE 52 OF 119
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Indivisible Action

A. Jones, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2026
 City Angel Fire State NM Zip Code 87710-2026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Writer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 24 / 2023**
Transaction ID : 24642144
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Non-Contribution Account

B. Jones, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2026
 City Angel Fire State NM Zip Code 87710-2026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Writer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1025.00**

Date of Receipt **04 / 28 / 2023**
Transaction ID : 24642145
 Amount of Each Receipt this Period **25.00**
 Memo Item
 Non-Contribution Account

C. Jurvetson, Karla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 2nd St Ste 4
 City Los Altos State CA Zip Code 94022-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **503000.00**

Date of Receipt **04 / 03 / 2023**
Transaction ID : 24642545
 Amount of Each Receipt this Period **500000.00**
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	500050.00
TOTAL This Period (last page this line number only).....	