

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

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

FOR LINE NUMBER: PAGE 140 OF 219

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Keystone Victory Fund

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

A. Frank, Marilyn, , ,

Mailing Address 1908 Spruce St

Unit 1

City

Philadelphia

State

PA

Zip Code

19103-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Psychotherapist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2018

Transaction ID : VNVWKFUNG97

Amount of Each Receipt this Period

500.00

☐ 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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2018

Transaction ID : VNVWKFUNG97E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Kraybill, Fred, , ,

Mailing Address 7211 Thomas Blvd

City

Pittsburgh

State

PA

Zip Code

15208-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HJ Heinz Progressive Care Center

Occupation (for Individual)

Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2018

Transaction ID : VNVWKFYS497

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

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

750.00

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