

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

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

FOR LINE NUMBER: PAGE 24 OF 82

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Indivisible Action**

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

**A. Gair, Anthony, , ,**

Mailing Address 65 Central Park west 11c

City  
New York

State  
NY

Zip Code  
10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gair gair conason

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 29 / 2020

**Transaction ID : SA17.163144**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Non-Contribution Account

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

**B. Gates, Janet, , ,**

Mailing Address 3716 N Rosser St #201

City  
Alexandria

State  
VA

Zip Code  
22311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
01 / 31 / 2020

**Transaction ID : SA17.167989**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Non-Contribution Account

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

**C. Gelb, Daniel, , ,**

Mailing Address 392 Central Park W Apt 15C

City  
New York

State  
NY

Zip Code  
10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 18 / 2020

**Transaction ID : SA17.162453**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Non-Contribution Account

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

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

850.00