

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

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

FOR LINE NUMBER: PAGE 125 OF 182

(check only one)

<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

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

A. Sedgwick, Walter, , ,

Mailing Address Box 620068

City
WoodsideState
CAZip Code
94062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Info Requested

Occupation (for Individual)

Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2020

Transaction ID : SA17.255561

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Non-Contribution Account

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

B. Segal, David, , ,

Mailing Address 3 Schooner Lane

City
Port WashingtonState
NYZip Code
11050FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beacon Health OptionsOccupation (for Individual)
Provider Relations Manager I

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
03		09		2020

Transaction ID : SA17.250809

Amount of Each Receipt this Period

250.00

☐ Memo Item
Non-Contribution Account

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

C. Sharp, Scott, , ,

Mailing Address 11405 sturgeon bay lane

City
IndianapolisState
INZip Code
46236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHNwOccupation (for Individual)
Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2020

Transaction ID : SA17.246760

Amount of Each Receipt this Period

100.00

☐ Memo Item
Non-Contribution Account

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

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

2850.00