

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

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

FOR LINE NUMBER: PAGE 128 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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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)

Indivisible Action

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

A. Silverstein, Jan, , ,

Mailing Address 1104 Race Street

City
DenverState
COZip Code
80206FEC 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 ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2020

Transaction ID : SA17.244528

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

B. Simpson, Karen, , ,

Mailing Address 19 Peartree Ct

City
DanvilleState
CAZip Code
94526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Permanente Medical Group

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2020

Transaction ID : SA17.242938

Amount of Each Receipt this Period

50.00

☐ Memo Item
 Non-Contribution Account

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

C. Simpson, Robert, , ,

Mailing Address Box 2077

City
TellurideState
COZip Code
82435FEC 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 ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2020

Transaction ID : SA17.244776

Amount of Each Receipt this Period

250.00

☐ Memo Item
 Non-Contribution Account

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

400.00

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