

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

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

FOR LINE NUMBER: PAGE 7350 OF 9438

(check only one)

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

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NAME OF COMMITTEE (In Full)

Progressive Turnout Project

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

A. O'Connor, Robin, , ,

Mailing Address 1401 Plum Ct

Apt D

City

Mt Prospect

State

IL

Zip Code

60056-1048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
noneOccupation (for Individual)
Not employed

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 18 / 2019

Transaction ID : VR05RSNEZT7

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. Actblue

Mailing Address 366 Summer St

City

Somerville

State

MA

Zip Code

02144-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

692202.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 19 / 2019

Transaction ID : VR05RSNEZT7E

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Blake, Suzanne, , ,

Mailing Address 7 Noonhill Rd

City

Medfield

State

MA

Zip Code

02052-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
eClinicalWorksOccupation (for Individual)
Corporate Trainer

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

712.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 19 / 2019

Transaction ID : VR05RSNF9T7

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

20.00