

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Chrissy Houlahan for Congress**

Full Name (Last, First, Middle Initial)

**Mace-Turner, Christina, , ,**

Mailing Address 597 6Th St

City

Brooklyn

State

NY

Zip Code

11215-3701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Mab & Stoke

Occupation

CEO

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 28 2019

Transaction ID : VTEE3XVFMF5

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

**ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

168755.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 03 2019

Transaction ID : VTEE3XVFMF5E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**Schwartz, Allyson, , ,**

Mailing Address 972 Frazier Rd

City

Jenkintown

State

PA

Zip Code

19046-2408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Better Medicare Alliance

Occupation

CEO

Receipt For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 28 2019

Transaction ID : VTEE3XZXNF5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

1025.00

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

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