

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Nancy Pelosi for Congress

Full Name (Last, First, Middle Initial)

Boutell, Avis, , ,

Mailing Address 50 Bernal Ave

City

Moss Beach

State

CA

Zip Code

94038-9789

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2020

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2019

Transaction ID : VSHCDJE2X30

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 382110

City

Cambridge

State

MA

Zip Code

02238-2110

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 ▼

1199044.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 07 2019

Transaction ID : VSHCDJE2X30E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Siverson, Claire, , ,

Mailing Address 233 Alabama St

City

Vallejo

State

CA

Zip Code

94590-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Licensed Clinical Social Worker

Receipt For: 2020

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 02 2019

Transaction ID : VSHCDJE3N30

Amount of Each Receipt this Period

15.00

☐ Memo Item

* Earmarked Contribution: See Below

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

40.00

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