

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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)
Green Mountain PAC

A. Cooney, Manus, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8801 Bel Air Pl

City Potomac	State MD	Zip Code 20854-1604
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ACC	Occupation (for Individual) Consultant
--	---

Receipt For: 2020
 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
07		08		2019

Transaction ID : VVC61ND6TC4

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

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: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
54647.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2019

Transaction ID : VVC61ND6TC4E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Coppinger, Luisa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 381 Estey Ln

City Windsor	State VT	Zip Code 05089-9325
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center	Occupation (for Individual) Chief Ophthalmic Technologist
---	--

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2019

Transaction ID : VVC61P3JCK0

Amount of Each Receipt this Period
10.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	510.00
TOTAL This Period (last page this line number only).....	