

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 3826 OF 21227

(check only one)

<input checked="" 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 type="checkbox"/> 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. Green, Donald, , ,**

Mailing Address 2670 Briarwood Pl

City

Thousand Oaks

State

CA

Zip Code

91362-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

198.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2019

**Transaction ID : VR05RTMRPT1**

Amount of Each Receipt this Period

3.00

☐

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1165253.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2019

**Transaction ID : VR05RTMRPT1E**

Amount of Each Receipt this Period

3.00

☒

Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Rosenfield, Laura, , ,**

Mailing Address 14909 Bellbrook Dr

City

Dallas

State

TX

Zip Code

75254-7673

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2019

**Transaction ID : VR05RTMRVT1**

Amount of Each Receipt this Period

15.00

☐

Memo Item

\* Earmarked Contribution: See Below

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

18.00

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