

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use 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"/> 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. Young, Carol, , ,**

Mailing Address 28 Angelus St

City  
MemphisState  
TNZip Code  
38104-2502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baptist Health Care SystemsOccupation (for Individual)  
Medical editor/transcriptionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2019

**Transaction ID : VR05RTP5C35**

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  
SomervilleState  
MAZip Code  
02144-3132FEC 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 ▼

1165253.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2019

**Transaction ID : VR05RTP5C35E**

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. Murphy, Rebecca, , ,**

Mailing Address 4906 Rivercrest Dr N

City  
La CrosseState  
WIZip Code  
54601-2269FEC 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 ▼

212.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2019

**Transaction ID : VR05RTP6E35**

Amount of Each Receipt this Period

15.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

30.00

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