

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

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

FOR LINE NUMBER: PAGE 14938 OF 21227

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Thomas, Noelle, , ,

Mailing Address 5702 Santa Cruz Ave

City
Richmond

State
CA

Zip Code
94804-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Napa State Hospital

Occupation (for Individual)
psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 11 / 2019

Transaction ID : VR05RTNAM37

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
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 ☐ 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 / 11 / 2019

Transaction ID : VR05RTNAM37E

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. Seward, William, , ,

Mailing Address 304 W J St

City
Benicia

State
CA

Zip Code
94510-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
none

Occupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2019

Transaction ID : VR05RTPWK37

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

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

20.00

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