

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

FOR LINE NUMBER: PAGE 15910OF 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. Dailey, Barbara, , ,**

Mailing Address 15304 Forest Park Dr

City  
StrongsvilleState  
OHZip Code  
44136-3605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12	/	19	/	2019

**Transaction ID : VR05RTP2BJ7**

Amount of Each Receipt this Period

9.00

☐ 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 Y
12	/	22	/	2019

**Transaction ID : VR05RTP2BJ7E**

Amount of Each Receipt this Period

9.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Crone, Patricia, , ,**

Mailing Address 233 Walnut St

City  
HazardState  
KYZip Code  
41701-1851FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kentucky River Community Care

Occupation (for Individual)

mental health clinical facilitator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

189.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
12	/	19	/	2019

**Transaction ID : VR05RTP2GJ7**

Amount of Each Receipt this Period

13.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

22.00