

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

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

FOR LINE NUMBER: PAGE 10859 OF 13093

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

**End Citizens United**

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

**A. Smith, Amy, , ,**

Mailing Address 838 W End Ave

City  
New York

State  
NY

Zip Code  
10025-5351

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
The Village Institute

Occupation (for Individual)  
Psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

**06 / 04 / 2017**

**Transaction ID : VPFN8N7M696**

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. ACTBLUE**

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1172992.35

Date of Receipt

**06 / 05 / 2017**

**Transaction ID : VPFN8N7M696E**

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Smith, Ani, , ,**

Mailing Address 1130 NW 3Rd Ave

City  
Delray Beach

State  
FL

Zip Code  
33444-2902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**06 / 18 / 2017**

**Transaction ID : VPFN8NA4AW4**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

125.00