

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentucky State Democratic Central Executive Committee

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

A. Alagia Cull, Marie, Alagia, ,

Mailing Address 503 Murray St

City
Frankfort

State
KY

Zip Code
40601-3521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cull & Hayden

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2020

Transaction ID : VVBFTQE9G32

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

B. Allen, James, W., ,

Mailing Address 1303 US Highway 127 S
PMB-397, Suite 402

City
Frankfort

State
KY

Zip Code
40601-4424

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Allen And Associates

Occupation (for Individual)

Government Affairs Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2020

Transaction ID : VVBFTQF1MA5

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Babbage, Laura, S., ,

Mailing Address 632 Centennial Ln

City
Lexington

State
KY

Zip Code
40502-2770

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Joe Hospital

Occupation (for Individual)

Chaplain

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2020

Transaction ID : VVBFTQF71E5

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

7500.00