

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

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

FOR LINE NUMBER: PAGE 29 OF 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

Arizona Democratic Party

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

A. Williamson, Kim, E., ,

Mailing Address 1614 Palmcroft Dr SW

City
Phoenix

State
AZ

Zip Code
85007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cadigan & Williamson PLLC

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2019

Transaction ID : 11ai-000362351

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through ACT Blue

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

B. Sater, Lannie, R., ,

Mailing Address 24061 N Church Rd

City
Scottsdale

State
AZ

Zip Code
85255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2019

Transaction ID : 11ai-000362353

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through ACT Blue

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

C. Mayer, Gregory, K., ,

Mailing Address 7037 N 46th Pl

City
Paradise Valley

State
AZ

Zip Code
85253-3233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Asu College of Health Solutions

Occupation (for Individual)
Professor of Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2019

Transaction ID : 11ai-000362424

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked through ACT Blue

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

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

300.00