

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

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

FOR LINE NUMBER: PAGE 24 OF 56

(check only one)

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

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NAME OF COMMITTEE (In Full)

Tennessee Democratic Party-Federal

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

A. Shepard, Martha, F, ,

Mailing Address 204 McCreary Hts

City  
DicksonState  
TNZip Code  
37055-1217FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dickson ApothecaryOccupation (for Individual)  
Pharmacist

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 / 09 / 2019

Transaction ID : 2846950

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Shiles, Carl Eugene, , ,

Mailing Address 572 Hamilton Ave

City  
ChattanoogaState  
TNZip Code  
37405-3937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Spears, Moore, Rebman & WilliamsOccupation (for Individual)  
Attorney

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : 2846664

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Shrago, Jacqueline, B, ,

Mailing Address 3604 Woodmont Blvd

City  
NashvilleState  
TNZip Code  
37215-1828FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID : 2846700

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

400.00

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