

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

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

FOR LINE NUMBER: PAGE 49 OF 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Democrats Work For America, Inc**

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

A. Searcy, Christian D., , ,

Mailing Address Post Office Box 3626

City  
West Palm Beach

State  
FL

Zip Code  
33402-3626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Searcy Denney Scarola Barnhart &amp; Ship

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2019

Transaction ID : SA11AI.32360

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Shea, Daniel, , ,

Mailing Address 8514 S.E.Cornwell Ave.

City  
Happy Valley

State  
OR

Zip Code  
97086

FEC 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2019

Transaction ID : SA11AI.31567

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Shea, Daniel, , ,

Mailing Address 8514 S.E.Cornwell Ave.

City  
Happy Valley

State  
OR

Zip Code  
97086

FEC 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2019

Transaction ID : SA11AI.31866

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

350.00