

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

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

FOR LINE NUMBER: PAGE 35 OF 66

(check only one)

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

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NAME OF COMMITTEE (In Full)

Utah State Democratic Committee

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

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

897.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 29 / 2019

Transaction ID : VPFGQPKH5E2E

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

B. Romero, Ross, , ,

Mailing Address 1386 E Laird Ave

City

Salt Lake City

State

UT

Zip Code

84105-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michael BestOccupation (for Individual)
Attorney

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2019

Transaction ID : VPFGQPJF5H7

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Rosenberg, Benjamin, , ,

Mailing Address 1073 E 1300 S

City

Salt Lake City

State

UT

Zip Code

84105-1853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Behavioral HealthOccupation (for Individual)
Administrative Assistant

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 01 / 2019

Transaction ID : VPFGQPJ7RY8

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

130.00

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