

# **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)

PAGE 8 OF 93

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Colorado Democratic Party**

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

**A. Schuenemeyer, John, , ,**

Mailing Address 960 Sligo Street

City  
Cortez

State  
CO

Zip Code  
81321

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southwest Statistical Consulting

Occupation (for Individual)  
Statistical Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : 11ai-000271895**

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. Henderson, Colin, , ,**

Mailing Address PO Box 305

City  
La Jara

State  
CO

Zip Code  
81140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schumacher Group

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

**Transaction ID : 11ai-000271914**

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. Limberis, Paul, , ,**

Mailing Address 9736 E Aberdeen Ave

City  
Englewood

State  
CO

Zip Code  
80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Colorado Hemophilia Cent

Occupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2019

**Transaction ID : 11ai-000271954**

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