

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

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

FOR LINE NUMBER: PAGE 46 OF 133

(check only one)

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

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NAME OF COMMITTEE (In Full)

Montana Democratic Party

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

A. Knox, MELBURN C, , ,

Mailing Address 505 29Th Ave

City

San Francisco

State

CA

Zip Code

94121-2818

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Satan

Occupation (for Individual)

Sales

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2019

Transaction ID : VR0THMP6YE8

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. 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☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12462.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : VR0THMP6YE8E

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

C. Kurtz, Caroline, , ,

Mailing Address 645 Beverly Ave

City

Missoula

State

MT

Zip Code

59801-5919

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Writer

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2019

Transaction ID : VR0THMP6TW0

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

600.00

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