

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

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

FOR LINE NUMBER: PAGE 15 OF 105

(check only one)

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

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NAME OF COMMITTEE (In Full)

Connecticut Democratic State Central Committee

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

A. Carlson, Martha, P., ,

Mailing Address 33 Horseshoe Rd

City  
GuilfordState  
CTZip Code  
06437-2961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State Of CTOccupation (for Individual)  
Deputy Comptroller

Receipt For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2019

Transaction ID : VTE4YWYZDG4

Amount of Each Receipt this Period

800.00

☐ Memo Item

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

B. Carlson, Martha, P., ,

Mailing Address 33 Horseshoe Rd

City  
GuilfordState  
CTZip Code  
06437-2961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State Of CTOccupation (for Individual)  
Deputy Comptroller

Receipt For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2019

Transaction ID : VTE4YWZ89H4

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Carlson, Mary, , ,

Mailing Address 76 Valley Falls Rd

City  
VernonState  
CTZip Code  
06066-5522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MJ DecorationsOccupation (for Individual)  
Decorator

Receipt For: 2018

☒ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2019

Transaction ID : VTE4YWZ4B36

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

1400.00

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