

# **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)

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

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NAME OF COMMITTEE (In Full)

**Democratic Party of Wisconsin**

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

**A. Kretz, Diane, , ,**

Mailing Address 256 Troon Ct

City  
Hudson

State  
WI

Zip Code  
54016-8057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2019

**Transaction ID : 11ai-000675952**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Earmarked through ACT Blue

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

**B. DeBruin, David, L., ,**

Mailing Address 2660 N. 100th Street

City  
Wauwatosa

State  
WI

Zip Code  
53226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Honigman

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2019

**Transaction ID : 11ai-000675955**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Earmarked through ACT Blue

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

**C. Hunt-Matthes, Kathleen, , ,**

Mailing Address N4909 Duck Creek Road

City  
Helenville

State  
WI

Zip Code  
53137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Massage Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2019

**Transaction ID : 11ai-000676349**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Earmarked through ACT Blue

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

60.00