

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 582

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Democracy for America**

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

**A. Brandom, Barbara, , ,**

Mailing Address 1118 King Ave

City  
PittsburghState  
PAZip Code  
15206-1437FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Univ Pitt PhysiciansOccupation (for Individual)  
Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : VNW03FBC6F6**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. Act Blue**

Mailing Address PO Box 382110

City  
CambridgeState  
MAZip Code  
02238-2110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1063866.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2017

**Transaction ID : VNW03FBC6F6E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Brazile, Juliana, , ,**

Mailing Address 56 Coolidge Rd

City  
ArlingtonState  
MAZip Code  
02476-7740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

**Transaction ID : VNW03FBCYX7**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

75.00

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