

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

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

FOR LINE NUMBER: PAGE 27 OF 195

(check only one)

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

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NAME OF COMMITTEE (In Full)

Democratic Executive Committee of Florida

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

A. Gutierrez, Amparo, , ,

Mailing Address 1939 General Pershing St

City

New Orleans

State

LA

Zip Code

70115-5433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lsuhsc

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2019

Transaction ID : VR0BAMMW5A4

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmarked through ACT Blue

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

B. Gutierrez, Amparo, , ,

Mailing Address 1939 General Pershing St

City

New Orleans

State

LA

Zip Code

70115-5433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lsuhsc

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : VR0BAMMW596

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through ACT Blue

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

C. Hakala, David, , ,

Mailing Address 8878 Michaels Ln

City

Broadview Heights

State

OH

Zip Code

44147-1772

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aclara

Occupation (for Individual)

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2019

Transaction ID : VR0BAMMJR25

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through ACT Blue

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

80.00

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