

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

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

FOR LINE NUMBER: PAGE 28 OF 78

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Party of Hawaii

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

A. Ichiyama, Linda, , ,

Mailing Address 4547 Likini St

City
HonoluluState
HIZip Code
96818-2238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State of HawaiiOccupation (for Individual)
Legislator

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
08 / 30 / 2019

Transaction ID : 2543824

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

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

B. ActBlue

Mailing Address PO Box 382110

City
CambridgeState
MAZip Code
02238-2110FEC 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 ▼

8962.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : 2543824E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Jacob, Ken, , ,

Mailing Address 1778 Ala Moana Blvd
Apt 3410City
HonoluluState
HIZip Code
96815-1619FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : 2542958

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

300.00

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