

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

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

FOR LINE NUMBER: PAGE 17 OF 107

(check only one)

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

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NAME OF COMMITTEE (In Full)

Massachusetts Democratic State Committee

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

A. Erickson, Jeffrey, , ,

Mailing Address 200 Chapman St

City  
CantonState  
MAZip Code  
02021-2057FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sunrise ErectorsOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2019

Transaction ID : VPFBMPCQCY1

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Ferrante, Ann-Margaret, , ,

Mailing Address 11 1/2 Proctor St

City  
GloucesterState  
MAZip Code  
01930-3522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwealth MAOccupation (for Individual)  
Attorney/Legislator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2019

Transaction ID : VPFBMPF6YY1

Amount of Each Receipt this Period

2500.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

C. ActBlue

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132FEC 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 ▼

53071.16

Date of Receipt

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

Transaction ID : VPFBMPF6YY1E

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

3000.00

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