

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

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

FOR LINE NUMBER: PAGE 64 OF 271

(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 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 OrleansState  
LAZip Code  
70115-5433FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LsuhsOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2019

Transaction ID : VR0BAMQAH7

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

B. Hadder, Amie, , ,

Mailing Address 3000 Bayport Dr  
Ste 1100City  
TampaState  
FLZip Code  
33607-8405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2019

Transaction ID : VR0BAMQP673

Amount of Each Receipt this Period

2800.00

☐ 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 HeightsState  
OHZip Code  
44147-1772FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AclaraOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2019

Transaction ID : VR0BAMQ25H2

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through ACT Blue

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

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

2875.00