

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 132

☒ 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)

Federal: Iowa Democratic Party

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

A. Nava, Michael, Alex, ,

Mailing Address 522 Possum Oak

City

Shavano Park

State

TX

Zip Code

78230-5633

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ang Law Firm

Occupation (for Individual)

Attorney

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2019

Transaction ID : 3600655

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

B. Nebbe, Carver, W, ,

Mailing Address 1620 Buchanan Dr

City

Ames

State

IA

Zip Code

50010-4326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Iowa State University

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2019

Transaction ID : 3618172

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Neill, David, , ,

Mailing Address 4235 Eastpark Rd

City

Cedar Falls

State

IA

Zip Code

50613-7511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eye Care Associates

Occupation (for Individual)

Optometrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2019

Transaction ID : 3586173

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

2275.00