

# **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)

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

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NAME OF COMMITTEE (In Full)

**2020 Golden State Delegation - Federal**

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

**A. Head, Amanda, , ,**

Mailing Address 216 West Tujunga Avenue, Unit B

City  
Burbank

State  
CA

Zip Code  
91502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed - Amanda Head

Occupation (for Individual)

Media Correspondent

Receipt For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

**Transaction ID : INCA241**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

**B. Henderson, Phyllis, , ,**

Mailing Address 3500 West 48th Street

City

View Park

State

CA

Zip Code

90043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

City of Los Angeles

Occupation (for Individual)

Deputy City Attorney

Receipt For: 2020

☐ Primary ☐ General  
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

**Transaction ID : INCA242**

Amount of Each Receipt this Period

2400.00

☐ Memo Item

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

**C. Hicks, Patricia, , ,**

Mailing Address 535 West State Street, Suite G

City

Redlands

State

CA

Zip Code

92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed - Patricia Hicks

Occupation (for Individual)

Rentor

Receipt For: 2020

☐ Primary ☐ General  
☒ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2020

**Transaction ID : INCA277**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

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

4800.00