

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

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

FOR LINE NUMBER: PAGE 12 OF 81  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**San Diego County Democratic Party (Fed. Acct.)**

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

**A. Butner, Joseph, , ,**

Mailing Address 18044 Exposition Drive

City  
Jamul

State  
CA

Zip Code  
91935

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aqua Lung

Occupation (for Individual)

Business Line Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2017

**Transaction ID : INCA995**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Cahn, Emily, , ,**

Mailing Address 2450 Azure Coast Drive

City  
La Jolla

State  
CA

Zip Code  
92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Biomedical Strategies

Occupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2017

**Transaction ID : INCA1241**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Campbell, Cody W., , ,**

Mailing Address 1574 Oak Drive, Unit 7, #67

City  
Vista

State  
CA

Zip Code  
92084

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cody W. Campbell

Occupation (for Individual)  
Direct Mail/ Printer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2017

**Transaction ID : INCA1025**

Amount of Each Receipt this Period

260.00

☐ Memo Item

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

485.00

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