

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

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

FOR LINE NUMBER: PAGE 47 OF 511
(check only one)

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

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NAME OF COMMITTEE (In Full)
21st Century Democrats

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cecil, Lorraine, O, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2019 Transaction ID : C3060651	
Mailing Address 1010 Anne St NW Apt 307			Amount of Each Receipt this Period 50.00	
City Bemidji	State MN	Zip Code 56601	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) N/A		Occupation (for Individual) Retired		
Receipt For: 2019 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cecil, Lorraine, O, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2019 Transaction ID : C3061525	
Mailing Address 1010 Anne St NW Apt 307			Amount of Each Receipt this Period 50.00	
City Bemidji	State MN	Zip Code 56601	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) N/A		Occupation (for Individual) Retired		
Receipt For: 2019 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. chae, steven, O, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2019 Transaction ID : C2064384	
Mailing Address 6445 s. picadilly st			Amount of Each Receipt this Period 25.00	
City Centennial	State CO	Zip Code 80016	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Family Practice of Aurora		Occupation (for Individual) physician		
Receipt For: 2019 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00		

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

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

125.00