

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

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

FOR LINE NUMBER: PAGE 30 OF 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

Colorado Democratic Party

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

A. Duvall, Jim, , ,

Mailing Address PO Box 1492

City
Elizabeth

State
CO

Zip Code
80107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2019

Transaction ID : 11ai-000278838

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. Browning, Eiko, , ,

Mailing Address 662 Huntington Drive

City
Highlands Ranch

State
CO

Zip Code
80126-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rocky Mountain Cancer Centers

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2019

Transaction ID : 11ai-000278839

Amount of Each Receipt this Period

45.00

☐ Memo Item

Earmarked through ACT Blue

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

C. Cullinan, Carol, Jean, ,

Mailing Address 1501 E Dartmouth Avenue

City
Englewood

State
CO

Zip Code
80113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PCM Home Health

Occupation (for Individual)
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2019

Transaction ID : 11ai-000278921

Amount of Each Receipt this Period

5.00

☐ Memo Item

Earmarked through ACT Blue

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

75.00

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