

**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 9 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**U.S.-Cuba Democracy Political Action Committee**

**A. Infante, Christian, H., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3225 Bird Avenue

City Miami	State FL	Zip Code 33133
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SFM Services, Inc.	Occupation (for Individual) Vice-President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1560.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2016

**Transaction ID : SA11AI.19651**

Amount of Each Receipt this Period  
1560.00

Memo Item

**B. Leon, Jr., Benjamin, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 630 Leucadendra Drive

City Coral Gables	State FL	Zip Code 33156
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Leon Medical Centers	Occupation (for Individual) Chief Executive Officer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1860.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2016

**Transaction ID : SA11AI.19663**

Amount of Each Receipt this Period  
1860.00

Memo Item

**C. Martinez, Henry, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 Costanera Drive

City Coral Gables	State FL	Zip Code 33143
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Certified Public Accountant
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2016

**Transaction ID : SA11AI.19670**

Amount of Each Receipt this Period  
320.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3740.00
<b>TOTAL</b> This Period (last page this line number only).....	