

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

New Hampshire Democratic Party

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

A. Egenolf, Cristi, , ,Mailing Address 555 Canal St
Apt 709City
ManchesterState
NHZip Code
03101-1517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Derry Medical CenterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2019

Transaction ID : VR0BMT5KZT1

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Fenton, JoAnn, C, ,

Mailing Address 16 Bradford Rd

City

Keene

State

NH

Zip Code

03431-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2019

Transaction ID : VR0BMT607D8

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Ford, Susan, M., ,

Mailing Address 557 Sugar Hill Rd

City

Easton

State

NH

Zip Code

03580-5503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
State of New HampshireOccupation (for Individual)
State Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2019

Transaction ID : VR0BMT4B0A2

Amount of Each Receipt this Period

75.00

☐ Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

120.00