

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

**Illinois Tenth Congressional District Democrats**

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

**A. Fine, Laura, , ,**

Mailing Address 1700 Constitution Dr

City  
GlenviewState  
ILZip Code  
60026-7703FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State of IllinoisOccupation (for Individual)  
State Senator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
03	25	2020

**Transaction ID : VNJ3AFCFK95**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Frank, Charles, E., ,**

Mailing Address 25 Lakeview Ter

City  
Highland ParkState  
ILZip Code  
60035-5041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
03	31	2020

**Transaction ID : VNJ3AFCQJD8**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Gamson, Bryna, G., ,**

Mailing Address 2823 Summit Ave

City  
Highland ParkState  
ILZip Code  
60035FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
03	25	2020

**Transaction ID : VNJ3AFCWAR5**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

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