

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 226 OF 347  
(check only one)

<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)

**Democracy for America**

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

**A. Act Blue**

Mailing Address PO Box 382110

City  
CambridgeState  
MAZip Code  
02238-2110FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648227.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

**Transaction ID : VNW03F5VS62E**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Total from conduit

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

**B. Sullivan, Barbara, , ,**

Mailing Address 2635 Russell St

City  
BerkeleyState  
CAZip Code  
94705-2131FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
psychoanalyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

**Transaction ID : VNW03F5RQM5**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**C. Sullivan, Barbara, , ,**

Mailing Address 2635 Russell St

City  
BerkeleyState  
CAZip Code  
94705-2131FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
psychoanalyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2017

**Transaction ID : VNW03F6HW05**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked: conduit information below

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

125.00