

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

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

FOR LINE NUMBER: PAGE 13 OF 39

(check only one)

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

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NAME OF COMMITTEE (In Full)

Utah State Democratic Committee

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

A. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1698.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : VPFGQMX03J9E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this
organization.

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

B. Larson, Billie, G, ,Mailing Address 141 E 2Nd Ave
Apt 904

City

Salt Lake City

State

UT

Zip Code

84103-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2017

Transaction ID : VPFGQMR08C3

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Leckman, Scott A., , ,Mailing Address 1220 E 3900 S
Ste 3G

City

Salt Lake City

State

UT

Zip Code

84124-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)

Surgeon

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2017

Transaction ID : VPFGQMSVCD5

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

200.00

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