

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Mr. Benjamin Leon, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 630 Leucadendra Drive		Transaction ID: SA11A1.7180
City State Zip Code Coral Gables FL 33156	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Leon Medical Centers	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Mr. Benjamin Leon, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 630 Leucadendra Drive		Transaction ID: SA11A1.7182
City State Zip Code Coral Gables FL 33156	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Leon Medical Centers	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Mr. Benjamin Leon, III		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address 9452 S.W. 124th Terrace		Transaction ID: SA11A1.7240
City State Zip Code Miami FL 33176	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Leon Medical Centers	Occupation Senior V.P.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)