

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

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

FOR LINE NUMBER: PAGE 181 OF 443

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Democratic Party of Wisconsin**

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

**A. Krawisz, Bruce, R., ,**

Mailing Address 1600 N Hills Dr

City  
Marshfield

State  
WI

Zip Code  
54449-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marshfield Clinic Research Institute

Occupation (for Individual)  
Emeritus Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2020

**Transaction ID : 11ai-000692715**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Hill, Emory, , ,**

Mailing Address 3511 46th Avenue NE

City  
Seattle

State  
WA

Zip Code  
98105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2020

**Transaction ID : 11ai-000692725**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Jordan, Jeffrey, , ,**

Mailing Address 4257 3rd Avenue, Unit 102

City  
San Diego

State  
CA

Zip Code  
92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rescue

Occupation (for Individual)  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2020

**Transaction ID : 11ai-000693071**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ACT Blue

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1300.00