

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Pacific Palisades Democratic Club Campaign Account**

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

**A. BERNSTEIN, CELIA, , ,**

Mailing Address 507 ALMAR AVE

City

Pacific Palisades

State

CA

Zip Code

90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WESTSIDE FAMILY HEALTH CENTER

Occupation (for Individual)

DIRECTOR OF DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2019

**Transaction ID : INCA3606**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Dean, Ronald, , ,**

Mailing Address 1155 Via de la Paz

City

Pacific Palisades

State

CA

Zip Code

90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Same Name

Occupation (for Individual)

Self-Employed Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2019

**Transaction ID : INCA3642**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Owen, Lawrence, , ,**

Mailing Address 2520 PEARL ST

City

Santa Monica

State

CA

Zip Code

90405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NONE

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2019

**Transaction ID : INCA3737**

Amount of Each Receipt this Period

125.00

☐ Memo Item

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

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

625.00