

**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)	PAGE 17650 OF 20841
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
DCCC

A. JENNIFER TIPTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 W 68TH ST
 APT 1423
 City NEW YORK State NY Zip Code 10023-5820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation LIGHTING DESIGNER FOR THEATER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4302.50

Date of Receipt
 08 / 30 / 2015
Transaction ID : VT4C3PG51Q7
 Amount of Each Receipt this Period
 100.00
 * EARMARKED CONTRIBUTION: SEE BELOW EARMARKED THROUGH ACTBLUE

B. ACTBLUE
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 382110
 City CAMBRIDGE State MA Zip Code 02238-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation CONDUIT TOTAL LISTED IN AGG. FIELD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1531170.13

Date of Receipt
 08 / 30 / 2015
Transaction ID : VT4C3PG51Q7E
 Amount of Each Receipt this Period
 100.00
[MEMO ITEM]
 NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.

C. JENNIFER TIPTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 W 68TH ST
 APT 1423
 City NEW YORK State NY Zip Code 10023-5820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation LIGHTING DESIGNER FOR THEATER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4302.50

Date of Receipt
 08 / 30 / 2015
Transaction ID : VT4C3PG51R5
 Amount of Each Receipt this Period
 1000.00
 * EARMARKED CONTRIBUTION: SEE BELOW EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	