

**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 11624 OF 21609
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DCCC

A. ACTBLUE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 366 SUMMER ST
 City SOMERVILLE State MA Zip Code 02144-3132
 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 ▼
 1550204.61

Date of Receipt
 11 / 30 / 2015
Transaction ID : VT4C3PV4GS1E
 Amount of Each Receipt this Period
 35.00
 Memo Item
 NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.

B. MARION L. MANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 BEECHWOOD DR
 City BRYN MAWR State PA Zip Code 19010-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A VOLUNTEER ENVIRONMENTAL ACTIVIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 6500.00

Date of Receipt
 11 / 15 / 2015
Transaction ID : VT4C3PSC573
 Amount of Each Receipt this Period
 500.00
 Memo Item
 * EARMARKED CONTRIBUTION: SEE BELOW EARMARKED THROUGH ACTBLUE

C. ACTBLUE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 366 SUMMER ST
 City SOMERVILLE State MA Zip Code 02144-3132
 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 ▼
 1550204.61

Date of Receipt
 11 / 15 / 2015
Transaction ID : VT4C3PSC573E
 Amount of Each Receipt this Period
 500.00
 Memo Item
 NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	