

**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 21264 OF 22820
	<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	

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NAME OF COMMITTEE (In Full)
DCCC

Full Name (Last, First, Middle Initial)
A. ACTBLUE

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 ▼
1650373.80

Date of Receipt
09 / 21 / 2015

Transaction ID : VT4C3PJPV09E

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.

Full Name (Last, First, Middle Initial)
B. ORAIB YACOB

Mailing Address **49 HUCKLEBERRY LN**

City **DARIEN** State **CT** Zip Code **06820-2211**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A UNEMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
09 / 09 / 2015

Transaction ID : VT4C3PGX3T4

Amount of Each Receipt this Period
25.00

*** EARMARKED CONTRIBUTION: SEE BELOW EARMARKED THROUGH ACTBLUE**

Full Name (Last, First, Middle Initial)
C. ACTBLUE

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 ▼
1650373.80

Date of Receipt
09 / 09 / 2015

Transaction ID : VT4C3PGX3T4E

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.

SUBTOTAL of Receipts This Page (optional)..... **25.00**

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