

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13575 OF 26286

(check only one)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DCCC**

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

**A. LION, MARGO, , ,**Mailing Address 110 RIVERSIDE DR  
APT 6ACity  
NEW YORKState  
NYZip Code  
10024-3732FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2017

Transaction ID : VT4C3TKQ437

Amount of Each Receipt this Period

100.00

☐ Memo Item\* EARMARKED CONTRIBUTION: SEE BELOW  
EARMARKED THROUGH ACTBLUE

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

**B. ACTBLUE PAC**

Mailing Address 366 SUMMER ST

City  
SOMERVILLEState  
MAZip Code  
02144-3132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
CONDUIT TOTAL LISTED IN AGG. FII

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5267150.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2017

Transaction ID : VT4C3TKQ437E

Amount of Each Receipt this Period

100.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

**C. LIPMAN, MAYER, , ,**

Mailing Address 17 MAYWOOD DR

City  
NASHUAState  
NHZip Code  
03064-1640FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PARTNERS HEALTHCAREOccupation (for Individual)  
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

178.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2017

Transaction ID : VT4C3TGE5S3

Amount of Each Receipt this Period

36.00

☐ Memo Item\* EARMARKED CONTRIBUTION: SEE BELOW  
EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....▶

136.00

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