

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 297 OF 4927  
(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			

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NAME OF COMMITTEE (In Full)

**DSCC**

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

**A. WILSMAN, JEFFREY, S.,**

Mailing Address 4516 MARYLAND AVE

City  
SAINT LOUISState  
MOZip Code  
63108-1911FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHAMPTON HEALTHCARE INCOccupation (for Individual)  
RESEARCH LAB COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M	D D	Y Y Y Y
04	26	2019

**Transaction ID : VN874FGTTR3**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. WILSON, RUSSELL, L.,**

Mailing Address 1342 73RD ST

City  
WINDSOR HEIGHTSState  
IAZip Code  
50324-1318FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
04	16	2019

**Transaction ID : VN874FF16P8**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. WINE, JEFFREY, J.,**

Mailing Address 2746 EMERSON ST

City  
PALO ALTOState  
CAZip Code  
94306-2312FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STANFORD UNIVOccupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
04	19	2019

**Transaction ID : VN874FEZ275**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00