

**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 71 OF 425
	<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)
Democratic State Committee (Delaware)

A. Terwilliger, J., Ronald, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Osprey Ln
 City Key Largo State FL Zip Code 33037-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.80**

Date of Receipt **10 / 19 / 2016**
Transaction ID : 11ai-000026107
 Amount of Each Receipt this Period **365.80**
 Memo Item
 Hillary Victory Fund

B. Wojcicki, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1936
 City Los Altos State CA Zip Code 94023-1936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.80**

Date of Receipt **10 / 12 / 2016**
Transaction ID : 11ai-000026130
 Amount of Each Receipt this Period **365.80**
 Memo Item
 Hillary Victory Fund

C. Wolf, William, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21257 Foxcroft Rd
 City Middleburg State VA Zip Code 20117-3425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.80**

Date of Receipt **10 / 11 / 2016**
Transaction ID : 11ai-000026131
 Amount of Each Receipt this Period **365.80**
 Memo Item
 Hillary Victory Fund

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	