

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 20 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Democratic Party of South Carolina

A. Harris, William, , , Sr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 Waltham Street, Apt. 8 Fairfi
 City Lexington State MA Zip Code 02421
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Mass General Hospital Occupation (for Individual) MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2021
Transaction ID : 11ai-000102861
 Amount of Each Receipt this Period
 - 10000.00
 Memo Item
 Refund
 Refund

B. Jurvetson, Karla, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Second Street #4
 City Los Altos State CA Zip Code 94022
 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 ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2021
Transaction ID : 11ai-000102862
 Amount of Each Receipt this Period
 - 10000.00
 Memo Item
 Refund
 Refund

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	41039.00