

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 1056

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DSCC

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

A. KINOSHITA, TOICHIRO, , ,

Mailing Address PO BOX 66

City  
AMHERST

State  
MA

Zip Code  
01004-0066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2019

Transaction ID : VN874F9W949

Amount of Each Receipt this Period

850.00

☐ Memo Item

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

B. KNAPP, JOHN, , ,

Mailing Address 4406 AMBLER DR

City  
KENSINGTON

State  
MD

Zip Code  
20895-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHILDREN'S HOSPITAL ASSOCIATION

Occupation (for Individual)  
DIRECTOR OF FEDERAL AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 16 / 2019

Transaction ID : VN874F9JP90

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. KOLB, LARRY, , ,

Mailing Address 3100 N MAYWOOD AVE

City  
BOISE

State  
ID

Zip Code  
83704-5684

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NONE

Occupation (for Individual)  
RETIRED

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  
01 / 11 / 2019

Transaction ID : VN874F9K2R4

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1400.00

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