

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

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

FOR LINE NUMBER: PAGE 135 OF 7436

(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. FUQUA, MARY, E., ,

Mailing Address 2250 COMMUNITY COLLEGE AVE  
APT 403

City  
CLEVELAND

State  
OH

Zip Code  
44115-3161

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2019

Transaction ID : VN874FJ7GQ1

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. GABEL, E. MARIANNE, , ,

Mailing Address 49 FOREST AVE

City  
DELAWARE

State  
OH

Zip Code  
43015-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
RETIRED ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2019

Transaction ID : VN874FM6AF1

Amount of Each Receipt this Period

30000.00

☐ Memo Item

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

C. GAMBLE, DAVID, G., ,

Mailing Address 613 MONTGOMERY SCHOOL LN

City  
WYNNEWOOD

State  
PA

Zip Code  
19096-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED

Occupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2019

Transaction ID : VN874FKV4B0

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

35150.00

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