

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

DCCC

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

A. RICE, WILLIAM, , ,

Mailing Address 4841 W PLACITA DEL SUENO

City
TUCSONState
AZZip Code
85745-9739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAL PORTLAND CEMENTOccupation (for Individual)
PHYSICAL TESTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : VT4C3YANGW5

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION: SEE BELOW
EARMARKED THROUGH ACTBLUE

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

B. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City

SOMERVILLE

State
MAZip Code
02144-3132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
CONDUIT TOTAL LISTED IN AGG. FII

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5835495.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : VT4C3YANGW5E

Amount of Each Receipt this Period

30.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. RICE, WILLIAM, , ,

Mailing Address 4841 W PLACITA DEL SUENO

City

TUCSON

State
AZZip Code
85745-9739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAL PORTLAND CEMENTOccupation (for Individual)
PHYSICAL TESTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2018

Transaction ID : VT4C3YBBQ03

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION: SEE BELOW
EARMARKED THROUGH ACTBLUE

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

60.00

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