

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2751 OF 38195

(check only one)

<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. BLACK, PERRY, , ,

Mailing Address 22 SUMMIT ST

City
PHILADELPHIAState
PAZip Code
19118-2833FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAHNEMANN UNIVERSITY HOSPITALOccupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : VT4C3WK2T24

Amount of Each Receipt this Period

100.00

☐ 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
SOMERVILLEState
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 ▼

3730911.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2017

Transaction ID : VT4C3WK2T24E

Amount of Each Receipt this Period

100.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. BLACK, PERRY, , ,

Mailing Address 22 SUMMIT ST

City
PHILADELPHIAState
PAZip Code
19118-2833FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAHNEMANN UNIVERSITY HOSPITALOccupation (for Individual)
NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

8600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : VT4C3WP4680

Amount of Each Receipt this Period

500.00

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

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

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

600.00