

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)

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☒ 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. Actblue PAC

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1832710.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2019

Transaction ID : 13235869E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

B. Wallace, Julia, , ,

Mailing Address 1251 Masonic Ave

City

San Francisco

State

CA

Zip Code

94117-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Julia Wallace LCSW - Collaborative Psy

Occupation (for Individual)
Therapist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2019

Transaction ID : 13249282

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Wallace, Julia, , ,

Mailing Address 1251 Masonic Ave

City

San Francisco

State

CA

Zip Code

94117-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Julia Wallace LCSW - Collaborative Psy

Occupation (for Individual)
Therapist

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2019

Transaction ID : 13249283

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

50.00

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