

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

PAGE 2491 OF 34345

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City
SOMERVILLEState
MAZip Code
21443132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

CONDUIT TOTAL LISTED IN AGG. FIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2933568.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2017

Transaction ID : VT4C3WBGZX3E

Amount of Each Receipt this Period

5.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

B. 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 ▼

4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2017

Transaction ID : VT4C3W6T7Z2

Amount of Each Receipt this Period

1000.00

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

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

C. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City
SOMERVILLEState
MAZip Code
21443132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

CONDUIT TOTAL LISTED IN AGG. FIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2933568.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2017

Transaction ID : VT4C3W6T7Z2E

Amount of Each Receipt this Period

1000.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

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

1000.00