

# **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)

**DCCC**

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

**A. BLACK, PERRY, , ,**

Mailing Address 22 SUMMIT ST

City  
PHILADELPHIA

State  
PA

Zip Code  
19118-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HAHNEMANN UNIVERSITY HOSPITAL

Occupation (for Individual)  
NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4900.00

Date of Receipt

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

Transaction ID : VT4C3W6T7Y5

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  
SOMERVILLE

State  
MA

Zip Code  
21443132

FEC 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 ▼

2933568.55

Date of Receipt

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

Transaction ID : VT4C3W6T7Y5E

Amount of Each Receipt this Period

100.00

☒ Memo Item

NOTE: 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  
PHILADELPHIA

State  
PA

Zip Code  
19118-2833

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HAHNEMANN UNIVERSITY HOSPITAL

Occupation (for Individual)  
NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2017

Transaction ID : VT4C3WB8BD1

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