

# **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. Feld, Philip, , ,**

Mailing Address 8410 Queen Elizabeth Blvd

City

Annandale

State

VA

Zip Code

22003-4458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

None

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

**12 / 21 / 2019**

**Transaction ID : 13584131**

Amount of Each Receipt this Period

5.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. 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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2192649.53

Date of Receipt

**12 / 24 / 2019**

**Transaction ID : 13584131E**

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Feldman, Gail, C, ,**

Mailing Address 2700 Vista Grande Dr NW

Unit 86

City

Albuquerque

State

NM

Zip Code

87120-1000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Gail Feldman Ph.D LLC

Occupation (for Individual)

Psychologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

**12 / 29 / 2019**

**Transaction ID : 13520577**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

30.00