

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40594 OF 67452

(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. MOORE, MARY, , ,

Mailing Address 510 E 49TH ST

City
AUSTINState
TXZip Code
78751-2604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERNAL REVENUE SERVICEOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2018

Transaction ID : VT4C310FCSZ3

Amount of Each Receipt this Period

18.00

☐ 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 ▼

4385461.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2018

Transaction ID : VT4C310FCSZ3E

Amount of Each Receipt this Period

18.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. MOORE, MARY, , ,

Mailing Address 2204 TORO CANYON RD

City
AUSTINState
TXZip Code
78746-2415FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CLINICAL SOCIAL WORK

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2018

Transaction ID : VT4C310FCTD3

Amount of Each Receipt this Period

50.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW
EARMARKED THROUGH ACTBLUE

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

68.00

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