

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 592 OF 10448  
(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. BERBERICH, KATHY, A., ,**

Mailing Address 2710 SOUTHLAWN DR

City  
BLOOMINGTONState  
ILZip Code  
61705-4154FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCLEAN CO. UNIT DISTRICT 5Occupation (for Individual)  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2020

**Transaction ID : 29115156**

Amount of Each Receipt this Period

25.00

☐ Memo Item\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 03/31/2020

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

**B. BERBERICH, KATHY, A., ,**

Mailing Address 2710 SOUTHLAWN DR

City  
BLOOMINGTONState  
ILZip Code  
61705-4154FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCLEAN CO. UNIT DISTRICT 5Occupation (for Individual)  
EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2020

**Transaction ID : 29115157**

Amount of Each Receipt this Period

15.00

☐ Memo Item\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 03/31/2020

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

**C. BERCAW, ROBERT, W., ,**

Mailing Address 2636 LAKEVIEW AVE

City  
ROCKY RIVERState  
OHZip Code  
44116-2562FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2020

**Transaction ID : 28988946**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

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