

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 2091 OF 10448

(check only one)

☒ 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. DUNCAN, LUCINDA, S, ,

Mailing Address 76 UPLAND RD

City
CONCORD

State
MA

Zip Code
01742-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2020

Transaction ID : 28896560

Amount of Each Receipt this Period

25.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 03/01/2020

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

B. DUNCAN, LUCINDA, S, ,

Mailing Address 76 UPLAND RD

City
CONCORD

State
MA

Zip Code
01742-4002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2020

Transaction ID : 29013131

Amount of Each Receipt this Period

25.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 03/23/2020

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

C. DUNCAN, ROBERT, W, ,

Mailing Address 2809 NORTH ST

City
MONTPELIER

State
VT

Zip Code
05602-4486

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WASHINGTON COUNTY MENTAL HEALT

Occupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2020

Transaction ID : 29251755

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

150.00