

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

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

FOR LINE NUMBER: PAGE 2623 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. FRIEDMAN, RICHARD, , ,

Mailing Address 315 9TH ST

City
SANTA MONICA

State
CA

Zip Code
90402-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2020

Transaction ID : 29058820

Amount of Each Receipt this Period

150.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 03/29/2020

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

B. FRIEDMAN, SUSANNAH, , ,

Mailing Address 414 PALMERS LN

City
WALLINGFORD

State
PA

Zip Code
19086-6528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RADIAN GUARANTY INC.

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : 28899107

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

C. FRIEDMAN, SUSANNAH, , ,

Mailing Address 414 PALMERS LN

City
WALLINGFORD

State
PA

Zip Code
19086-6528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RADIAN GUARANTY INC.

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : 28880291

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

325.00

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