

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

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

FOR LINE NUMBER: PAGE 4218 OF 10448

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. KING, BARBARA, P, ,

Mailing Address 3924 SOLSTICE LN

City
DUMFRIES

State
VA

Zip Code
22025-1870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

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 / 17 / 2020

Transaction ID : 29264781

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. KING, BOB, , ,

Mailing Address 2796 CRESTFIELD CT

City
NAPERVILLE

State
IL

Zip Code
60565-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADVOCATE MEDICAL GROUP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 05 / 2020

Transaction ID : 28906993

Amount of Each Receipt this Period

25.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 03/05/2020

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

C. KING, BOB, , ,

Mailing Address 2796 CRESTFIELD CT

City
NAPERVILLE

State
IL

Zip Code
60565-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADVOCATE MEDICAL GROUP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2020

Transaction ID : 28974970

Amount of Each Receipt this Period

50.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 03/18/2020

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

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

225.00