

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. MURNAGHAN, GEORGE, , ,

Mailing Address 34 WACHUSETT DR

City
LEXINGTON

State
MA

Zip Code
02421-6913

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2020

Transaction ID : 28996333

Amount of Each Receipt this Period

250.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 03/19/2020

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

B. MURPHY, BRIAN, , ,

Mailing Address 4729 TIPTON DR

City
TROY

State
MI

Zip Code
48098-4466

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HENRY FORD HEALTH SYSTEM

Occupation (for Individual)
INFORMATION TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2020

Transaction ID : 28914129

Amount of Each Receipt this Period

200.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 03/08/2020

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

C. MURPHY, CAROLE, L, ,

Mailing Address 9137 HAAS DR

City
PORT RICHEY

State
FL

Zip Code
34669-1849

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 ▼

740.00

Date of Receipt

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

Transaction ID : 28882796

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

600.00