

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6104 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. PAYNE, WARRENSON, , ,

Mailing Address 7914 MYRTLE LN

City
MISSOURI CITYState
TXZip Code
77459-5743FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

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

Transaction ID : 28916459

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 03/08/2020

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

B. PAYNE, WARRENSON, , ,

Mailing Address 7914 MYRTLE LN

City
MISSOURI CITYState
TXZip Code
77459-5743FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

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

Transaction ID : 29070536

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 03/29/2020

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

C. PAZER, PERRY, , ,Mailing Address 50 SUTTON PL S
PH BCity
NEW YORKState
NYZip Code
10022-4186FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
ATTORNEY

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		05		2020

Transaction ID : 28874858

Amount of Each Receipt this Period

100.00

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

225.00

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