

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 916 OF 12483
(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 | | | |

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NAME OF COMMITTEE (In Full)

DSCC

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

A. Walla, Gary, , ,

Mailing Address 419 Sugar Tree Ln

City
IndianapolisState
INZip Code
46260-1776FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2019 |

Transaction ID : 13404494

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Wallace, Julia, , ,

Mailing Address 1251 Masonic Ave

City

San Francisco

State

CA

Zip Code

94117-2916

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Julia Wallace LCSW Collaborative PsychOccupation (for Individual)
Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 13405649

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Wallace, Julia, , ,

Mailing Address 1251 Masonic Ave

City

San Francisco

State

CA

Zip Code

94117-2916

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Julia Wallace LCSW Collaborative PsychOccupation (for Individual)
Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

710.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 13405650

Amount of Each Receipt this Period

25.00

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

350.00

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