

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Jacobsen, Mark, P, ,

Mailing Address 6800 Hillmead Rd

City
BethesdaState
MDZip Code
20817-3026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Promontory Interfinancial NetworkOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M	D D	Y Y Y Y
02	26	2020

Transaction ID : 13747089

Amount of Each Receipt this Period

15000.00

☐ Memo Item

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

B. Jacobsen, Melanie, , ,

Mailing Address 6800 Hillmead Rd

City
BethesdaState
MDZip Code
20817-3026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M	D D	Y Y Y Y
02	26	2020

Transaction ID : 13747090

Amount of Each Receipt this Period

15000.00

☐ Memo Item

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

C. Jacobson, Jerry, , ,

Mailing Address 8518 Hierba Rd

City
Agua DulceState
CAZip Code
91390-2807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
02	03	2020

Transaction ID : 13730529

Amount of Each Receipt this Period

500.00

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

30500.00

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