

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

FOR LINE NUMBER: PAGE 20235 OF 35317

(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)

**DCCC**

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

**A. Mears, Annette, M., ,**

Mailing Address 744 Stonebridge Way

City

Pleasant Hill

State

CA

Zip Code

94523-4852

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaiser

Occupation (for Individual)

Psychologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

**Transaction ID : 8243640**

Amount of Each Receipt this Period

5.00



Memo Item

\* Earmarked Contribution: See Below Earmarked Through Actblue

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

**B. ACTBLUE PAC**

Mailing Address 366 Summer St

City

Somerville

State

MA

Zip Code

02144-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650176.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2017

**Transaction ID : 8243640E**

Amount of Each Receipt this Period

5.00



Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Mears, Joan, C., ,**

Mailing Address 203 220th Ave

City

Comstock

State

WI

Zip Code

54826-6415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2017

**Transaction ID : 8287331**

Amount of Each Receipt this Period

50.00



Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

55.00

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