

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

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

FOR LINE NUMBER: PAGE 861 OF 12269

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DSCC

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

A. Walker, Preston, , ,

Mailing Address PO Box 4391

City

Greenwich

State

CT

Zip Code

06831-0407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2019

Transaction ID : 13300577

Amount of Each Receipt this Period

50.00

☐ 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 Psy

Occupation (for Individual)

Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2019

Transaction ID : 13387892

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 Psy

Occupation (for Individual)

Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2019

Transaction ID : 13387893

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

100.00

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