

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

FOR LINE NUMBER: PAGE 2615 OF 3525

(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. SIKOV, WILLIAM, , ,

Mailing Address 292 WAYLAND AVE

City
PROVIDENCEState
RIZip Code
02906-4530FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOMEN AND INFANTS HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2019

Transaction ID : VN874FCFGY6

Amount of Each Receipt this Period

500.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

B. ACTBLUE PAC

Mailing Address PO BOX 441146

City
WEST SOMERVILLEState
MAZip Code
02144-0031FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
CONDUIT TOTAL LISTED IN AGG. FII

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1204307.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2019

Transaction ID : VN874FCFGY6E

Amount of Each Receipt this Period

500.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. SILLS, PETER, J., ,

Mailing Address 205 W END AVE

City
NEW YORKState
NYZip Code
10023-4804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2019

Transaction ID : VN874FC8D73

Amount of Each Receipt this Period

200.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

700.00

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