

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

FOR LINE NUMBER: PAGE 16381 OF 74172

(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. DOSS, JOHN, , ,

Mailing Address 27 KNOTTY PINE PL

City
TEXARKANAState
TXZip Code
75503-1145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IASIS HEALTH CAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2018

Transaction ID : VT4C3Z5ZD61

Amount of Each Receipt this Period

100.00

☐ 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
SOMERVILLEState
MAZip Code
02144-3132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9620777.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2018

Transaction ID : VT4C3Z5ZD61E

Amount of Each Receipt this Period

100.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. DOSS, JOHN, , ,

Mailing Address 27 KNOTTY PINE PL

City
TEXARKANAState
TXZip Code
75503-1145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IASIS HEALTH CAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2018

Transaction ID : VT4C3ZBX139

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION: SEE BELOW
EARMARKED THROUGH ACTBLUE

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

115.00

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