

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

FOR LINE NUMBER: PAGE 36957 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. LEHMAN, CONNIE, , ,**

Mailing Address PO BOX 281

City  
ELIZABETHState  
COZip Code  
80107-0281FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
ARTIST/ILLUSTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2018

Transaction ID : VT4C3ZCTD59

Amount of Each Receipt this Period

50.00

☐ 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	/	26	/	2018

Transaction ID : VT4C3ZCTD59E

Amount of Each Receipt this Period

50.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

**C. LEHMAN, JANINE, R., ,**

Mailing Address 6555 ELM ST

City  
VESPERState  
WIZip Code  
54489-9471FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MINISTRY HEALTH CAREOccupation (for Individual)  
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2018

Transaction ID : VT4C3Z54DW1

Amount of Each Receipt this Period

15.00

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

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

65.00

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