

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)

**A. Howard Osborn**

Mailing Address 3000 S 1st St

City

Champaign

State

IL

Zip Code

61822-7108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1910.50

Date of Receipt

04 / 30 / 2015

Transaction ID : VT4C3P0ZAG0

Amount of Each Receipt this Period

5.00

\* Earmarked Contribution: See Below Earmarked Through Actblue

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846684.36

Date of Receipt

04 / 30 / 2015

Transaction ID : VT4C3P0ZAG0E

Amount of Each Receipt this Period

5.00

**[MEMO ITEM]**

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

**C. Irene P. Osborn**

Mailing Address 61 Carroll St

City

Bronx

State

NY

Zip Code

10464-1463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Sinai Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1185.16

Date of Receipt

04 / 02 / 2015

Transaction ID : VT4C3FPSBG6

Amount of Each Receipt this Period

50.00

\* Earmarked Contribution: See Below Earmarked Through Actblue

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

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

55.00