

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

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

FOR LINE NUMBER: PAGE 403 OF 9789

(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. Huber, Michael, , ,**

Mailing Address PO Box 111

City  
Casper

State  
WY

Zip Code  
82602-0111

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2020

**Transaction ID : 14033168**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Hudson, Jean, A, ,**

Mailing Address 361 S Maple Ave

City  
Saint Louis

State  
MO

Zip Code  
63119-3841

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 ▼

270.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : 14039739**

Amount of Each Receipt this Period

270.20

☐ Memo Item

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

**C. Hudson, Thomas, , ,**

Mailing Address 1402 Glen Eagle Ct

City  
Fort Collins

State  
CO

Zip Code  
80525-9117

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2020

**Transaction ID : 13882575**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

620.20