

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

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

FOR LINE NUMBER: PAGE 1034 OF 6380

(check only one)

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

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NAME OF COMMITTEE (In Full)

DCCC

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

A. DEARMAN, NANCY, , ,

Mailing Address 2 AVERY ST

City
BOSTONState
MAZip Code
02111-1002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KOTTER INC

Occupation (for Individual)

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2020

Transaction ID : 28777399

Amount of Each Receipt this Period

1000.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2020

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

B. DEARMAN, NANCY, , ,

Mailing Address 2 AVERY ST

City
BOSTONState
MAZip Code
02111-1002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KOTTER INC

Occupation (for Individual)

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 29 / 2020

Transaction ID : 28821353

Amount of Each Receipt this Period

1000.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/29/2020

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

C. DEBAS, HAILE, , ,

Mailing Address 240 STFRANCIS BLVD

City
SAN FRANCISCOState
CAZip Code
94127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Occupation (for Individual)

PHYSICIAN, UNIVERSITY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2020

Transaction ID : 28857811

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00