

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)

DCCC

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

A. KRISCHEL, STEVE, C., ,

Mailing Address 1747 S POLLARD AVE

City
INDEPENDENCE

State
MO

Zip Code
64055-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
APARTMENT COMPLEX OWNER

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
02 / 27 / 2020

Transaction ID : 28790006

Amount of Each Receipt this Period

50.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2020

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

B. KRISCHEL, STEVE, C., ,

Mailing Address 1747 S POLLARD AVE

City
INDEPENDENCE

State
MO

Zip Code
64055-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
APARTMENT COMPLEX OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : 28825904

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

C. KRIVANEK, ROBIN, C., ,

Mailing Address 3016 TURTLE GAIT LN

City
SANIBEL

State
FL

Zip Code
33957-5626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

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
02 / 13 / 2020

Transaction ID : 28712052

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)..... ►

325.00