

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

FOR LINE NUMBER: PAGE 2533 OF 6380

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. LEVINE, GILBERT, , ,

Mailing Address 71 BROOKTONDALE RD

City
ITHACAState
NYZip Code
14850-6001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CORNELL UNIVOccupation (for Individual)
PROFESSOR EMERITUS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	06	2020

Transaction ID : 28674322

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. LEVINE, LINDA, R, ,

Mailing Address 318 N SUNNYSIDE AVE

City

SOUTH BEND

State

IN

Zip Code

46617-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	D D	Y Y Y Y
02	05	2020

Transaction ID : 28670896

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. LEVINE, LINDA, R, ,

Mailing Address 318 N SUNNYSIDE AVE

City

SOUTH BEND

State

IN

Zip Code

46617-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M	D D	Y Y Y Y
02	05	2020

Transaction ID : 28674220

Amount of Each Receipt this Period

375.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

525.00

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