

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

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

FOR LINE NUMBER: PAGE 2779 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. MBONU, CHIOMA, , ,**

Mailing Address 4780 HIGHLAND POINT DR

City  
AUBURN

State  
GA

Zip Code  
30011-2277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JAS LINKS HEALTHCARE

Occupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2020

**Transaction ID : 28662224**

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 02/09/2020

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

**B. MBONU, CHIOMA, , ,**

Mailing Address 4780 HIGHLAND POINT DR

City  
AUBURN

State  
GA

Zip Code  
30011-2277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JAS LINKS HEALTHCARE

Occupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2020

**Transaction ID : 28754215**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 02/23/2020

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

**C. MC EWIN, JEAN, , ,**

Mailing Address 9 S 5TH WEST ST

City  
GREEN RIVER

State  
WY

Zip Code  
82935-4135

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2020

**Transaction ID : 28765297**

Amount of Each Receipt this Period

110.00

☐ Memo Item

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

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

385.00