

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

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

FOR LINE NUMBER: PAGE 22008 OF 135722

(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. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City
SOMERVILLEState
MAZip Code
02144-3132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

CONDUIT TOTAL LISTED IN AGG. FIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13923367.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2018

Transaction ID : VT4C3ZYT2C9E

Amount of Each Receipt this Period

15.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.

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

B. COHEN, STEVEN, , ,

Mailing Address 4268 CLAIRE DR

City
WEST BLOOMFIELDState
MIZip Code
48323-2816FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2018

Transaction ID : VT4C3103F241

Amount of Each Receipt this Period

10.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW EARMARKED THROUGH ACTBLUE

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

C. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City
SOMERVILLEState
MAZip Code
02144-3132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

CONDUIT TOTAL LISTED IN AGG. FIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

13923367.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2018

Transaction ID : VT4C3103F241E

Amount of Each Receipt this Period

10.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.

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

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

10.00