

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80776 OF 135722

(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			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. MOORE, MARY, , ,

Mailing Address 510 E 49TH ST

City  
AUSTINState  
TXZip Code  
78751-2604FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INTERNAL REVENUE SERVICEOccupation (for Individual)  
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2018

Transaction ID : VT4C3ZY10N9

Amount of Each Receipt this Period

38.00

☐ Memo Item

\* EARMARKED CONTRIBUTION: SEE BELOW  
EARMARKED THROUGH ACTBLUE

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

B. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City

SOMERVILLE

State

MA

Zip Code

02144-3132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
CONDUIT TOTAL LISTED IN AGG. FII

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13923367.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2018

Transaction ID : VT4C3ZY10N9E

Amount of Each Receipt this Period

38.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

C. MOORE, MARY, , ,

Mailing Address 2204 TORO CANYON RD

City

AUSTIN

State

TX

Zip Code

78746-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
CLINICAL SOCIAL WORK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2018

Transaction ID : VT4C3ZYGZW7

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* EARMARKED CONTRIBUTION: SEE BELOW  
EARMARKED THROUGH ACTBLUE

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

138.00

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