

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 2277(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. WARAN, SANDRAN, , ,**

Mailing Address 19 WHEATSHEAF FARM RD

City  
MORRISTOWNState  
NJZip Code  
07960-3540FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2018

**Transaction ID : VT4C310D29M0**

Amount of Each Receipt this Period

100.00

☐ 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  
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. 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
11		25		2018

**Transaction ID : VT4C310D29M0E**

Amount of Each Receipt this Period

100.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

**C. WARBINGTON, KRISTI, , ,**

Mailing Address 3131 GLORIA TER

City  
LAFAYETTEState  
CAZip Code  
94549-2009FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
BUSINNES OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

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

**Transaction ID : VT4C3ZYNP39**

Amount of Each Receipt this Period

25.00

☐ Memo Item\* EARMARKED CONTRIBUTION: SEE BELOW  
EARMARKED THROUGH ACTBLUE**SUBTOTAL** of Receipts This Page (optional).....▶

125.00

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