

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18611 OF 22357

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DSCC

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

A. SLEZAK, INGRID, E.,

Mailing Address 1934 NE HANCOCK ST

City
PORTLAND

State
OR

Zip Code
97212-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

09 / 26 / 2016

Transaction ID : VN874D2HW39

Amount of Each Receipt this Period

100.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

B. ACTBLUE PAC

Mailing Address PO BOX 441146

City
WEST SOMERVILLE

State
MA

Zip Code
02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3811666.91

Date of Receipt

09 / 28 / 2016

Transaction ID : VN874D2HW39E

Amount of Each Receipt this Period

100.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.

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

C. SLIKER, SALLY, , ,

Mailing Address 17 COTTAGE ST

City
BOSTON

State
MA

Zip Code
02128-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMMONWEALTH OF MASSACHUSETTS

Occupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

09 / 15 / 2016

Transaction ID : VN874D0Q8W6

Amount of Each Receipt this Period

500.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

600.00

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

201610240200556159