

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

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

FOR LINE NUMBER: PAGE 902 OF 11721

(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. BLUM, MARJORIE, R, ,**

Mailing Address 7796 CORAL LAKE DR

City  
DELRAY BEACH

State  
FL

Zip Code  
33446-3367

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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2020

**Transaction ID : 29481298**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. BLUM, MAUREEN, , ,**

Mailing Address 5665 DEYO LN

City  
JACKSON

State  
WY

Zip Code  
83001-9213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JACKSON ANESTHESIA

Occupation (for Individual)  
ANESTHETIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2020

**Transaction ID : 29156223**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 04/05/2020

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

**C. BLUM, MAUREEN, , ,**

Mailing Address 5665 DEYO LN

City  
JACKSON

State  
WY

Zip Code  
83001-9213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JACKSON ANESTHESIA

Occupation (for Individual)  
ANESTHETIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2020

**Transaction ID : 29400208**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 04/29/2020

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

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

250.00