

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1411 OF 11721

☒ 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. CAMPBELL, CINDY, , ,**

Mailing Address 1920 FOOTHILL DR

City  
GLENDALE

State  
CA

Zip Code  
91201-1243

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
FIDM

Occupation (for Individual)  
COLLEGE INSTRUCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

**04 / 30 / 2020**

**Transaction ID : 29415754**

Amount of Each Receipt this Period

11.00

☐ Memo Item

\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 04/30/2020

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

**B. CAMPBELL, CRAIG, , ,**

Mailing Address 625 E MIFFLIN ST  
UNIT 220

City  
MADISON

State  
WI

Zip Code  
53703-4657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
WPSIC

Occupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**04 / 30 / 2020**

**Transaction ID : 29415745**

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 04/30/2020

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

**C. CAMPBELL, EARL, , ,**

Mailing Address 29774 FOXHILL RD

City  
PERRYSBURG

State  
OH

Zip Code  
43551-3416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1188.00

Date of Receipt

**04 / 06 / 2020**

**Transaction ID : 29323400**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

611.00