

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. DRINKWATER, DAVID, , ,**

Mailing Address 1229 HAYES ST

City  
NAPAState  
CAZip Code  
94559-1710FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WINGSPAN PARTNERSHIPSOccupation (for Individual)  
EDUCATOR/FOUNDATION PRINCIPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

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

**Transaction ID : 29358755**

Amount of Each Receipt this Period

20.00

☐ Memo Item\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 04/27/2020

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

**B. DRIVER, VERSIELLEN, , ,**Mailing Address 200 S SYKES CREEK PKWY  
# A303

City

MERRITT ISLAND

State

FL

Zip Code

32952-3561

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2020

**Transaction ID : 29292635**

Amount of Each Receipt this Period

100.00

☐ Memo Item\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 04/20/2020

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

**C. DRIVER, WANDA, , ,**

Mailing Address 5041 37TH AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55417-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2020

**Transaction ID : 29323498**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.00