

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

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

FOR LINE NUMBER: PAGE 3134 OF 11721

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. FREDRICKSON, BARBARA, , ,

Mailing Address PO BOX 1024

City  
LAKEBAYState  
WAZip Code  
98349-1024FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UHSOccupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : 29422421

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

B. FREDSTROM, O'ANN, , ,

Mailing Address PO BOX 15540

City  
JACKSONState  
WYZip Code  
83002-5540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2020

Transaction ID : 29145480

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 04/01/2020

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

C. FREDY, TOIBER, , ,

Mailing Address 11203 SW 27TH AVE

City  
PORTLANDState  
ORZip Code  
97219-8961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KAISER PERMANENTEOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2020

Transaction ID : 29422422

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

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

150.00