

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5308 OF 11721

(check only one)

<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. KULL, ARTHUR, , ,**

Mailing Address 280 W HARVEST RUN DR

City  
IDAHO FALLSState  
IDZip Code  
83404-7939FEC 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 ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2020

**Transaction ID : 29350696**

Amount of Each Receipt this Period

250.00

☐ Memo Item\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 04/26/2020

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

**B. KULLMAN, MERRILEE, , ,**Mailing Address 750 ZORN AVE  
APT 25City  
LOUISVILLEState  
KYZip Code  
40206-3503FEC 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 ▼

1000.00

Date of Receipt

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

**Transaction ID : 29430683**

Amount of Each Receipt this Period

250.00

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

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

**C. KUMAR, RAMINDER, , ,**Mailing Address 445 E NORTH WATER ST  
APT 2505City  
CHICAGOState  
ILZip Code  
60611-5568FEC 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 ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2020

**Transaction ID : 29283839**

Amount of Each Receipt this Period

100.00

☐ Memo Item\* EARMARKED CONTRIBUTION THROUGH  
ACTBLUE PAC ON 04/19/2020**SUBTOTAL** of Receipts This Page (optional).....▶

600.00

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