

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

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

FOR LINE NUMBER: PAGE 8116 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. RUPPENTHAL, NANCY, , ,

Mailing Address **24 SAINT ALBANS ST S**
APT 6

City
SAINT PAUL

State
MN

Zip Code
55105-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

04 / 13 / 2020

Transaction ID : 29213317

Amount of Each Receipt this Period

25.00

☐ Memo Item

*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 04/13/2020**

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

B. RUPPENTHAL, NANCY, , ,

Mailing Address **24 SAINT ALBANS ST S**
APT 6

City
SAINT PAUL

State
MN

Zip Code
55105-3471

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 30 / 2020

Transaction ID : 29442251

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

C. RUSH, KATHERINE, C, ,

Mailing Address **PO BOX 1324**

City
THERMOPOLIS

State
WY

Zip Code
82443-1324

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 ▼

400.00

Date of Receipt

04 / 09 / 2020

Transaction ID : 29324659

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

250.00