

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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)

DSCC

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

A. LOWENTHAL, GILBERT, , ,Mailing Address 13515 SHAKER BLVD
APT 6BCity
CLEVELANDState
OHZip Code
44120-1506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEVELAND CLINICOccupation (for Individual)
DOCTOR

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
05	08	2019

Transaction ID : VN874FGZDM4

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. LUBOW, MARSHA, L., ,

Mailing Address 995 SYIDA DR

City

PACIFIC GROVE

State

CA

Zip Code

93950-5327

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	14	2019

Transaction ID : VN874FH6T00

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. LUCAS, CATHARINE, , ,Mailing Address 684 BENICIA DR
APT 4

City

SANTA ROSA

State

CA

Zip Code

95409-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	15	2019

Transaction ID : VN874FH8238

Amount of Each Receipt this Period

150.00

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

700.00