

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

FOR LINE NUMBER: PAGE 1082 OF 6430

(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)

DSCC

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

A. CAMPBELL, CATHERINE, E, ,

Mailing Address 52 FREMONT RD

City
SLEEPY HOLLOWState
NYZip Code
10591-1118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	9		

Transaction ID : VN874FKQC09

Amount of Each Receipt this Period

75.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

B. ACTBLUE PAC

Mailing Address PO BOX 441146

City
WEST SOMERVILLEState
MAZip Code
02144-0031FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
CONDUIT TOTAL LISTED IN AGG. FII

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1474445.17

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	9		

Transaction ID : VN874FKQC09E

Amount of Each Receipt this Period

75.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. CAMPBELL, FAYE H, , ,

Mailing Address PO BOX 1729

City
WILSONState
WYZip Code
83014-1729FEC ID number of contributing
federal political committee.

C

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

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
0	5			0	8			2	0	1	9		

Transaction ID : VN874FHTHA8

Amount of Each Receipt this Period

150.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

225.00