

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

FOR LINE NUMBER: PAGE 2906 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. KASDAN, JAKE, , ,Mailing Address 1880 CENTURY PARK E
STE 1600City
LOS ANGELESState
CAZip Code
90067-1661FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
| 05 | / | 31 | / | 2019 |

Transaction ID : VN874FKMW65

Amount of Each Receipt this Period

250.00

☐ 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 Y |
| 05 | / | 31 | / | 2019 |

Transaction ID : VN874FKMW65E

Amount of Each Receipt this Period

250.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. KASNEY, GAIL, A., ,

Mailing Address 1101 MIDLAND AVE

City
BRONXVILLEState
NYZip Code
10708-6332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|---------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y |
| 05 | / | 28 | / | 2019 |

Transaction ID : VN874FK74T1

Amount of Each Receipt this Period

50.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

300.00

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