

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1857 OF 2513

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DSCC

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

A. SMARTH, CAROLE, A.

Mailing Address 43854 KITTIWAKE DR

# M

City  
LEESBURG

State  
VA

Zip Code  
20176-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LMG

Occupation (for Individual)

LMG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2017

Transaction ID : VN874DHKJM9

Amount of Each Receipt this Period

150.00

☐ 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 SOMERVILLE

State  
MA

Zip Code  
02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

CONDUIT TOTAL LISTED IN AGG. FILE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1208838.68

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2017

Transaction ID : VN874DHKJM9E

Amount of Each Receipt this Period

150.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

C. SMITH, AMY, .

Mailing Address 838 W END AVE

City  
NEW YORK

State  
NY

Zip Code  
10025-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

THE VILLAGE INSTITUTE

Occupation (for Individual)

PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
02 / 02 / 2017

Transaction ID : VN874DG2FE8

Amount of Each Receipt this Period

5000.00

☐ Memo Item

\* EARMARKED CONTRIBUTION: SEE BELOW

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

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

5150.00