

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

FOR LINE NUMBER: PAGE 202 OF 8568

(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. GEISSINGER, ANNE, , ,

Mailing Address 1532 LARKINWOOD LN

City
EVANSVILLEState
INZip Code
47715-5984FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
07	15	2019

Transaction ID : VN874FPXB02

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. GENOVESE, ANTHONY, , ,

Mailing Address PO BOX 640400

City
SAN JOSEState
CAZip Code
95164-0400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AUDIT ONE LLCOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	D D	Y Y Y Y
07	09	2019

Transaction ID : VN874FPKZ55

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. GENOVESE, ANTHONY, , ,

Mailing Address PO BOX 640400

City
SAN JOSEState
CAZip Code
95164-0400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AUDIT ONE LLCOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M	D D	Y Y Y Y
07	23	2019

Transaction ID : VN874FSCA91

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

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