

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 431 OF 8568

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DSCC**

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

**A. O'NEILL, SUZANNE, M., ,**

Mailing Address 399 MAIN ST

City  
WAKEFIELDState  
MAZip Code  
01880-3017FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAIN ST SHOE REPAIROccupation (for Individual)  
SHOE REPAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2019

**Transaction ID : VN874FPXGA1**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

**B. O'NEILL, TOM, , ,**

Mailing Address PO BOX 336

City  
LONGVIEWState  
WAZip Code  
98632-7211FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GRUNDALL O NEILL AND STYVEOccupation (for Individual)  
ATTORNEY

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
07		05		2019

**Transaction ID : VN874FPGPM9**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. OBA, PEGGY, SEO, ,**

Mailing Address 9109 MAIN ST

City  
KANSAS CITYState  
MOZip Code  
64114-3638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JURO INT'L SYSTEMSOccupation (for Individual)  
HEALTH INFORMATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2019

**Transaction ID : VN874FPXNC6**

Amount of Each Receipt this Period

2000.00

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

12200.00

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