

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

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<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. STROMSNESS, CHRIS, , ,**

Mailing Address 4220 PATRICIA WAY

City  
DUNSMUIRState  
CAZip Code  
96025-1718FEC 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 ▼

400.00

Date of Receipt

M M	D D	Y Y Y Y
07	15	2019

**Transaction ID : VN874FPV771**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. STROUD, STELLA, P, ,**

Mailing Address 641 DOGWOOD LN

City  
DAVIDSONState  
NCZip Code  
28036-7764FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PARKER MEDICAL ASSOCIATESOccupation (for Individual)  
CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	D D	Y Y Y Y
07	09	2019

**Transaction ID : VN874FSS3Y4**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. STROUD, STELLA, P, ,**

Mailing Address 641 DOGWOOD LN

City  
DAVIDSONState  
NCZip Code  
28036-7764FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PARKER MEDICAL ASSOCIATESOccupation (for Individual)  
CUSTOMER SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	D D	Y Y Y Y
07	14	2019

**Transaction ID : VN874FSS3X6**

Amount of Each Receipt this Period

20.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

240.00