

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

FOR LINE NUMBER: PAGE 3307 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. HARDIN, BRAD, , ,

Mailing Address 447 ZEPHYR RD

City
VENICEState
FLZip Code
34293-2642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2019

Transaction ID : VN874FR9KS1

Amount of Each Receipt this Period

200.00

☐ 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. FII

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1743182.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2019

Transaction ID : VN874FR9KS1E

Amount of Each Receipt this Period

200.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. HARDIN, EUGENE, , ,

Mailing Address PO BOX 901

City

HARBOR CITY

State

CA

Zip Code

90710-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARSON MEDICAL GROUPOccupation (for Individual)
MEDICAL DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2019

Transaction ID : VN874FQFF27

Amount of Each Receipt this Period

150.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

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

350.00