

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

FOR LINE NUMBER: PAGE 599 OF 30695

(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. HARRIS, PHILIP, , ,**

Mailing Address 2642 SE 48TH AVE

City  
PORTLANDState  
ORZip Code  
97206-1517FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OREGON COLLEGE OF ART & CRAFTOccupation (for Individual)  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	30	2018

**Transaction ID : VN874F3HMP9**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. HARRIS, RICHARD, , ,**

Mailing Address 1 RIVERVIEW DR W

City  
UPPER MONTCLAIRState  
NJZip Code  
07043-2608FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
EXECUTIVE

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
11	01	2018

**Transaction ID : VN874F7STT6**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. HARRIS, WILLIAM, M., ,**

Mailing Address 7378 DEANS GATE CT

City  
SPRINGFIELDState  
VAZip Code  
22150-4923FEC 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 M	D D D	Y Y Y Y Y Y
10	25	2018

**Transaction ID : VN874F2Q684**

Amount of Each Receipt this Period

200.00

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

330.00

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