

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 854 OF 17128
(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. LLOYD, CHRISTOPHER, , ,

Mailing Address PO BOX 210

City
WOODSTOCKState
VTZip Code
05091-0210FEC 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 ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 10 | / | 2018 |

Transaction ID : VN874EWRDB7

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. LLOYD, JOHN, , ,

Mailing Address 1029 SPRING ST

City
ANN ARBORState
MIZip Code
48103-3244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PTC INC.Occupation (for Individual)
SOFTWARE ENGINEER

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 |
| 09 | / | 10 | / | 2018 |

Transaction ID : VN874F03845

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. LLOYD-JONES, DONALD, , ,

Mailing Address 838 LINCOLN AVE

City
WINNETKAState
ILZip Code
60093-1921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHWESTERN UNIVERSITYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 29 | / | 2018 |

Transaction ID : VN874F03QA4

Amount of Each Receipt this Period

1000.00

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

1600.00

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