

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

FOR LINE NUMBER: PAGE 12112 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. POROSOFF, MARC, , ,**

Mailing Address 24 COMPO PKWY

City  
WESTPORTState  
CTZip Code  
06880-6520FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WESTPORT CAPITAL PARTNERS LLCOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2018

**Transaction ID : VN874EZ6269**

Amount of Each Receipt this Period

500.00

☐ 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 SOMERVILLEState  
MAZip Code  
02144-0031FEC 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 ▼

3056730.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2018

**Transaction ID : VN874EZ6269E**

Amount of Each Receipt this Period

500.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

**C. PORT, SUSAN, , ,**

Mailing Address 2690 STATE HIGHWAY 104

City  
IONEState  
CAZip Code  
95640-9732FEC 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 ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2018

**Transaction ID : VN874EX3A91**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* EARMARKED CONTRIBUTION: SEE BELOW

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00