

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

FOR LINE NUMBER: PAGE 1179 OF 8028

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. COHEN, ILENE, , ,Mailing Address 29 E 22ND ST
APT 6NCity
NEW YORKState
NYZip Code
10010-5305FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2019

Transaction ID : VT4C3110GZH2

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION: SEE BELOW
EARMARKED THROUGH ACTBLUE

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

B. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City
SOMERVILLEState
MAZip Code
02144-3132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
CONDUIT TOTAL LISTED IN AGG. FII

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3072725.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2019

Transaction ID : VT4C3110GZH2E

Amount of Each Receipt this Period

25.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. COHEN, ILENE, , ,Mailing Address 29 E 22ND ST
APT 6NCity
NEW YORKState
NYZip Code
10010-5305FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2019

Transaction ID : VT4C3112D452

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION: SEE BELOW
EARMARKED THROUGH ACTBLUE

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

75.00

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