

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

FOR LINE NUMBER: PAGE 2425 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
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NAME OF COMMITTEE (In Full)

**DCCC**

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

**A. GUTHEIL, THOMAS, , ,**

Mailing Address 6 WELLMAN ST

City  
BROOKLINEState  
MAZip Code  
02446-2831FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1885.00

Date of Receipt

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

Transaction ID : VT4C3110JTE5

Amount of Each Receipt this Period

100.00

☐ 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 : VT4C3110JTE5E

Amount of Each Receipt this Period

100.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

**C. GUTHEIL, THOMAS, , ,**

Mailing Address 6 WELLMAN ST

City  
BROOKLINEState  
MAZip Code  
02446-2831FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1985.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2019

Transaction ID : VT4C31114036

Amount of Each Receipt this Period

100.00

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

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

200.00

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