

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

FOR LINE NUMBER: PAGE 6206 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. 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. FIE

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		
0	2							2	0			2	0	1	9

Transaction ID : VT4C310YB9S7E

Amount of Each Receipt this Period

5000.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

B. THOMAS, DEREK, , ,

Mailing Address 5685 BROOKLAND DR

City
SUMTERState
SCZip Code
29154-8670FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARDIOLOGY ASSOCIATES OF SUMTER, LLCOccupation (for Individual)
PHYSICIAN

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		
0	2							1	2			2	0	1	9

Transaction ID : VT4C310ZA4V3

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

C. THOMAS, KEITH, M., ,

Mailing Address 1116 E SANSON AVE

City
SPOKANEState
WAZip Code
99207-3382FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DEACONESS HOSPITALOccupation (for Individual)
HOUSEKEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	2							1	3			2	0	1	9

Transaction ID : VT4C310ZC973

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

650.00