

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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
SOMERVILLE

State
MA

Zip Code
02144-3132

FEC 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 ▼

3381628.07

Date of Receipt

03 / 13 / 2019

Transaction ID : VT4C3115FFM4E

Amount of Each Receipt this Period

25.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

B. GUTHEIL, THOMAS, , ,

Mailing Address 6 WELLMAN ST

City
BROOKLINE

State
MA

Zip Code
02446-2831

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2810.00

Date of Receipt

03 / 18 / 2019

Transaction ID : VT4C31166G29

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

C. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City
SOMERVILLE

State
MA

Zip Code
02144-3132

FEC 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 ▼

3381628.07

Date of Receipt

03 / 18 / 2019

Transaction ID : VT4C31166G29E

Amount of Each Receipt this Period

25.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

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

25.00