

# **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. JONES, ROSE, , ,**

Mailing Address 441 MADRONA ST N

City  
TWIN FALLS

State  
ID

Zip Code  
83301-4926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
TWIN FALLS CIR.CENTER

Occupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

**03** / **19** / **2019**

**Transaction ID : VT4C3116AZA3**

Amount of Each Receipt this Period

15.00

☐ 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  
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. FII

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3381628.07

Date of Receipt

**03** / **19** / **2019**

**Transaction ID : VT4C3116AZA3E**

Amount of Each Receipt this Period

15.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

**C. JONES, ROSE, , ,**

Mailing Address 441 MADRONA ST N

City  
TWIN FALLS

State  
ID

Zip Code  
83301-4926

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
TWIN FALLS CIR.CENTER

Occupation (for Individual)  
NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

**03** / **27** / **2019**

**Transaction ID : VT4C3117XMP6**

Amount of Each Receipt this Period

5.00

☐ Memo Item

\* EARMARKED CONTRIBUTION: SEE BELOW  
EARMARKED THROUGH ACTBLUE

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

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

20.00