

# **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. ORENSTEIN, KEN, G., ,**

Mailing Address 330 LLOYD AVE

330 LLOYD AVENUE

City

PROVIDENCE

State

RI

Zip Code

02906-4212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

REAL ESTATE COUNSELING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**03 / 31 / 2019**

**Transaction ID : VT4C3119CVC4**

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

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 / 31 / 2019**

**Transaction ID : VT4C3119CVC4E**

Amount of Each Receipt this Period

100.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

**C. ORFORD, STUART, B., ,**

Mailing Address 7339 N SEWARD AVE

City

PORTLAND

State

OR

Zip Code

97217-5843

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

UNEMPLOYED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

220.20

Date of Receipt

**03 / 27 / 2019**

**Transaction ID : VT4C311A8Z91**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

200.00