

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3026 OF 8298
(check only one)

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

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NAME OF COMMITTEE (In Full)
DSCC

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

A. **ACTBLUE PAC**

Mailing Address **PO BOX 441146**

City
WEST SOMERVILLE

State
MA

Zip Code
02144-0031

FEC ID number of contributing
federal political committee.

C **C00401224**

Name of Employer (for Individual)

Occupation (for Individual)

CONDUIT TOTAL LISTED IN AGG. FIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1354729.07

Date of Receipt

07 / 18 / 2017

Transaction ID : **VN874DW0EN4E**

Amount of Each Receipt this Period

150.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

B. **GOLDSMITH, R JEFFREY, . .**

Mailing Address **521 MILTON ST**

City
CINCINNATI

State
OH

Zip Code
45202-6824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DEPT OF VETERANS AFFAIRS

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

07 / 22 / 2017

Transaction ID : **VN874DWRSX8**

Amount of Each Receipt this Period

10.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

C. **ACTBLUE PAC**

Mailing Address **PO BOX 441146**

City
WEST SOMERVILLE

State
MA

Zip Code
02144-0031

FEC ID number of contributing
federal political committee.

C **C00401224**

Name of Employer (for Individual)

Occupation (for Individual)

CONDUIT TOTAL LISTED IN AGG. FIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1354729.07

Date of Receipt

07 / 25 / 2017

Transaction ID : **VN874DWRSX8E**

Amount of Each Receipt this Period

10.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

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

10.00