

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

FOR LINE NUMBER: PAGE 2984 OF 5780

(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

DCCC

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

A. MOORTHY, SINN, , ,

Mailing Address 42813 19TH ST W

City
LANCASTERState
CAZip Code
93534-6222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MYSELFOccupation (for Individual)
PHYSICIAN

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 |
| 01 | / | 31 | / | 2017 |

Transaction ID : VT4C3T5FVV0

Amount of Each Receipt this Period

250.00

☐ 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
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. FII

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4353638.17

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 31 | / | 2017 |

Transaction ID : VT4C3T5FVV0E

Amount of Each Receipt this Period

250.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. MOOTZ, YVONNE, , ,

Mailing Address 476 LA VETA AVE

City
ENCINITASState
CAZip Code
92024-2013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
UNEMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 24 | / | 2017 |

Transaction ID : VT4C3T3GMF4

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION: SEE BELOW
EARMARKED THROUGH ACTBLUE

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

750.00

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