

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

FOR LINE NUMBER: PAGE 1328 OF 3678

(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DCCC**

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

**A. LEE, PHYLLIS, , ,**

Mailing Address 26 MAPLE GROVE CT

City  
MADISONState  
WIZip Code  
53719-1545FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2019

Transaction ID : VT4C310RZF89

Amount of Each Receipt this Period

50.00

☐ 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 ▼

3740006.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2019

Transaction ID : VT4C310RZF89E

Amount of Each Receipt this Period

50.00

☒ Memo ItemNOTE: ABOVE CONTRIBUTION EARMARKED  
THROUGH THIS ORGANIZATION.

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

**C. LEEKING, AVON, M, ,**

Mailing Address 22341 LIBERTY BELL RD

City  
CALABASASState  
CAZip Code  
91302-5135FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
RETIRED

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	/	28	/	2019

Transaction ID : VT4C310WVX50

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

300.00

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