

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 6747 OF 10229	
(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	

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)
DSCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ORMSBY, SARAH, , ,	
Mailing Address 4138 S MOUNT OLYMPUS WAY	
City SALT LAKE CITY	State UT
Zip Code 84124-3437	
FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) WASATCH PEDIATRICS	Occupation (for Individual) PEDIATRICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00

Date of Receipt	
MM / DD / YYYY 07 / 06 / 2018	
Transaction ID : VN874EQARR2	
Amount of Each Receipt this Period 25.00	
<input type="checkbox"/> Memo Item	
* EARMARKED CONTRIBUTION: SEE BELOW	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. 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. FI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1997345.62

Date of Receipt	
MM / DD / YYYY 07 / 10 / 2018	
Transaction ID : VN874EQARR2E	
Amount of Each Receipt this Period 25.00	
<input checked="" type="checkbox"/> Memo Item	
NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ORR, SARAH SMITH, , ,	
Mailing Address 220 BROOKS AVE	
City CLAREMONT	State CA
Zip Code 91711-4026	
FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) CLAREMONT MCKENNA COLLEGE	Occupation (for Individual) FACULTY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00

Date of Receipt	
MM / DD / YYYY 07 / 11 / 2018	
Transaction ID : VN874EQY870	
Amount of Each Receipt this Period 25.00	
<input type="checkbox"/> Memo Item	
* EARMARKED CONTRIBUTION: SEE BELOW	

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

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

50.00

201808200200709617