

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 33917 OF 56295

(check only one)

☒ 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. MOORE, MARY, , ,

Mailing Address 510 E 49TH ST

City
AUSTINState
TXZip Code
78751-2604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERNAL REVENUE SERVICEOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2018

Transaction ID : VT4C3ZK3SS4

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 ▼

7708625.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2018

Transaction ID : VT4C3ZK3SS4E

Amount of Each Receipt this Period

50.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

C. MOORE, MARY, T, ,

Mailing Address 10518 EAGAN DR

City
WHITTIERState
CAZip Code
90604-1126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2018

Transaction ID : VT4C3ZNY2E7

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

150.00

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