

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

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

FOR LINE NUMBER: PAGE 19568 OF 32735

(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. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City
SOMERVILLE

State
MA

Zip Code
02144-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

CONDUIT TOTAL LISTED IN AGG. FIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2860726.90

Date of Receipt

09 / 12 / 2017

Transaction ID : VT4C3W1BM72E

Amount of Each Receipt this Period

3.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

B. MOORE, MARY, A., ,

Mailing Address 8706 COYTH LN

City
SHREVEPORT

State
LA

Zip Code
71106-6304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.00

Date of Receipt

09 / 12 / 2017

Transaction ID : VT4C3W1BM80

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

C. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City
SOMERVILLE

State
MA

Zip Code
02144-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

CONDUIT TOTAL LISTED IN AGG. FIE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2860726.90

Date of Receipt

09 / 12 / 2017

Transaction ID : VT4C3W1BM80E

Amount of Each Receipt this Period

50.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED
THROUGH THIS ORGANIZATION.

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

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

50.00