

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

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

FOR LINE NUMBER: PAGE 245 OF 1848

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DSCC

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

A. BOES RDL D CNSC, PENNY MASTERS, , ,

Mailing Address 515 TUCKER DR

City
WORTHINGTONState
OHZip Code
43085-3022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIVERSIDE METHODIST HOSPITALOccupation (for Individual)
CLINICAL DIETITIAN

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
02 / 05 / 2019

Transaction ID : VN874FB0GM6

Amount of Each Receipt this Period

250.00

☐ 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 SOMERVILLEState
MAZip Code
02144-0031FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)
CONDUIT TOTAL LISTED IN AGG. FII

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803071.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2019

Transaction ID : VN874FB0GM6E

Amount of Each Receipt this Period

250.00

☒ Memo Item

NOTE: ABOVE CONTRIBUTION EARMARKED THROUGH THIS ORGANIZATION.

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

C. BOHMER, DAVID, , ,

Mailing Address 6839 S GLEN LAKE VIEW DR

City
MAPLE CITYState
MIZip Code
49664-8797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : VN874FC0PB0

Amount of Each Receipt this Period

250.00

☐ Memo Item

* EARMARKED CONTRIBUTION: SEE BELOW

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

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

500.00