

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 831 / 9857  
(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)  
DNC Services Corp./Dem. Nat'l Committee

**A.**

Full Name (Last, First, Middle Initial) Gertrude Boyce		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	3		2	0	1	0													
Mailing Address 22 S Adams St Apt 201		<b>Transaction ID:</b> C24067298																				
City State Zip Code Denver CO 80209-2908	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>		100.00																			
100.00																						
FEC ID number of contributing federal political committee. <b>C</b>																						
Name of Employer Retired	Occupation Retired																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>750.00</td></tr> </table>		750.00																			
750.00																						

**B.**

Full Name (Last, First, Middle Initial) Gregory H. Boyce		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	3		2	0	1	0													
Mailing Address 701 Market St Suite 700		<b>Transaction ID:</b> C24205201																				
City State Zip Code Saint Louis MO 63101-1826	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>5000.00</td></tr> </table>		5000.00																			
5000.00																						
FEC ID number of contributing federal political committee. <b>C</b>																						
Name of Employer Peabody Energy Corporation	Occupation CEO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>5000.00</td></tr> </table>		5000.00																			
5000.00																						

**C.**

Full Name (Last, First, Middle Initial) JOSHUA BOYCE		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	0		2	0	1	0													
Mailing Address 173 South Main Street		<b>Transaction ID:</b> C24101140																				
City State Zip Code Sherborn MA 02115	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>50.00</td></tr> </table>		50.00																			
50.00																						
FEC ID number of contributing federal political committee. <b>C</b>																						
Name of Employer Brigham and Womens Hospital	Occupation Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>350.00</td></tr> </table>		350.00																			
350.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%; text-align: center;"> <tr><td>5150.00</td></tr> </table>	5150.00
5150.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"></table>	