

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 1153
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DNC Services Corp./Dem. Nat'l Committee

Full Name (Last, First, Middle Initial) <b>A. Vance R Andrus</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007
Mailing Address 1775 Sherwan Street 31st Floor		<b>Transaction ID: 0018328761</b>
City State Zip Code Denver CO 80203	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2000.00
Name of Employer Andrus Boudreaux, PLC,	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. JONATHAN ANDRY</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007
Mailing Address 610 BARONNE ST		<b>Transaction ID: 0018328760</b>
City State Zip Code NEW ORLEANS LA 70113	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer The Andry Law Firm	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert Ankeny</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007
Mailing Address 7602 Appoline St		<b>Transaction ID: 0018298648</b>
City State Zip Code Dearborn MI 48126	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00
Name of Employer Crains Detroit Bus	Occupation Reporter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	