

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 469 OF 5465
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Sonia A Bradley</b>			Date of Receipt MM / DD / YYYY 09 / 20 / 2015 <b>Transaction ID : C3187786</b>
Mailing Address 1600 S Sloan Ln			Amount of Each Receipt this Period 30.00
City Las Vegas	State NV	Zip Code 89142	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 280.00	
Name of Employer MYSELF		Occupation CAREGIVER	
Receipt For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Eunice Bradley-Fox</b>			Date of Receipt MM / DD / YYYY 09 / 20 / 2015 <b>Transaction ID : C31884215</b>
Mailing Address 4398 N Ocotillo Canyon Dr			Amount of Each Receipt this Period 25.00
City Tucson	State AZ	Zip Code 85750-6905	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 225.00	
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CAROLYN S BRADY</b>			Date of Receipt MM / DD / YYYY 09 / 21 / 2015 <b>Transaction ID : C31893415</b>
Mailing Address 1084 Vernier Pl			Amount of Each Receipt this Period 1000.00
City Stanford	State CA	Zip Code 94305-1027	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00	
Name of Employer retired		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1055.00
<b>TOTAL</b> This Period (last page this line number only).....▶	