

**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 723 OF 4386
	<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	

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. Ronald W Coss**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 La Placita Cir

City Santa Fe State NM Zip Code 87505-4009

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2015  
**Transaction ID : C31709781**

Amount of Each Receipt this Period  
 250.00

**B. Patricia Cossack**  
Full Name (Last, First, Middle Initial)

Mailing Address 3110 Flo Lor Dr Apt 3

City Youngstown State OH Zip Code 44511-2760

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2015  
**Transaction ID : C31663086**

Amount of Each Receipt this Period  
 50.00

**c. Nancy J Cossler**  
Full Name (Last, First, Middle Initial)

Mailing Address 30725 stillwater

City solon State OH Zip Code 44139-1576

FEC ID number of contributing federal political committee. **C**

Name of Employer university hospitals medical group Occupation physician

Receipt For: 2015  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2015  
**Transaction ID : C31733151**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	