

**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 13355 / 24192
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David McIntosh	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 12218 BROOKMONT AVE	<b>Transaction ID:</b> C24965370
	City State Zip Code SYLMAR CA 91342-5513	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Northeast Valley Health Corp physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JEAN MCINTOSH	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 2286 Whidbey Shores Road	<b>Transaction ID:</b> C24970670
	City State Zip Code Langley WA 98260	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Center for the Study of Social Policy administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael McIntosh	Date of Receipt MM / DD / YYYY 10 / 28 / 2010
	Mailing Address 3620 Harlano Street	<b>Transaction ID:</b> C24997038
	City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The GI Group of South Florida Physician Practice Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	