

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DNC Services Corp./Dem. Nat'l Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Arif, Tahir, , ,**

Mailing Address 11455 E Huffman Rd  
Apt 8

City  
Parma Heights

State  
OH

Zip Code  
44130-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cuyahoga County Board of Health

Occupation (for Individual)  
Grant Coordinator

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

11 / 24 / 2019

**Transaction ID : 34277398**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Actblue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1448938.71

Date of Receipt

11 / 20 / 2019

**Transaction ID : 34277398E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Arif, Tahir, , ,**

Mailing Address 11455 E Huffman Rd  
Apt 8

City

Parma Heights

State

OH

Zip Code

44130-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cuyahoga County Board of Health

Occupation (for Individual)  
Grant Coordinator

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : 34304649**

Amount of Each Receipt this Period

10.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

35.00