

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 4816 OF 10436

(check only one)

<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

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

A. Langenfeld, Mary, M., ,

Mailing Address 3817 Euclid Ave

City
MadisonState
WIZip Code
53711-1745FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Uw Madison

Occupation (for Individual)

Photographer

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2019

Transaction ID : 34212626

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Langenfeld, Mary, M., ,

Mailing Address 3817 Euclid Ave

City
MadisonState
WIZip Code
53711-1745FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Uw Madison

Occupation (for Individual)

Photographer

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2019

Transaction ID : 34282193

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

c. Langford, Roger, , ,

Mailing Address 1451 Hall Ave

City
HollisterState
CAZip Code
95023-6243FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hazel Hawkins Hospit

Occupation (for Individual)

Physician Assistant

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2019

Transaction ID : 34293893

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

120.00

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