

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7032 OF 10436

(check only one)

☒ 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. Reder, Robert, S., ,

Mailing Address 403 E Boardwalk
Apt 804

City
Long Beach

State
NY

Zip Code
11561-4419

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 10 / 2019

Transaction ID : 34212918

Amount of Each Receipt this Period

250.00

☐ 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 / 04 / 2019

Transaction ID : 34212918E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Reding, William, Michael, ,

Mailing Address 7300 Kingwood Rd

City

Little Rock

State

AR

Zip Code

72207-1733

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Regional Anesthesiology Consu

Occupation (for Individual)
Anesthesiologist

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

895.00

Date of Receipt

11 / 20 / 2019

Transaction ID : 34285230

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

300.00