

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

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

FOR LINE NUMBER: PAGE 2094 OF 4851

(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. 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 ▼

1091428.19

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : 33561753E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

B. Limberis, Paul, N., ,

Mailing Address 9736 E Aberdeen Ave

City
Englewood

State
CO

Zip Code
80111-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado

Occupation (for Individual)
Pharmacist

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2019

Transaction ID : 33487022

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Limberis, Paul, N., ,

Mailing Address 9736 E Aberdeen Ave

City
Englewood

State
CO

Zip Code
80111-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado

Occupation (for Individual)
Pharmacist

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2019

Transaction ID : 33524210

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

150.00