

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. Acosta, Carolyn, , ,**

Mailing Address 36009 3rd Ave South

City  
Federal WayState  
WAZip Code  
98003-8622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Perlage SystemsOccupation (for Individual)  
Managing Director

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2017

**Transaction ID : C34150083**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Acree, Terry, , ,**

Mailing Address 156 N Brook St

City  
GenevaState  
NYZip Code  
14456-1542FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cornell UniversityOccupation (for Individual)  
Professor

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2017

**Transaction ID : C34156112**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Adair, Sue, A, ,**

Mailing Address 18136 Heatherfield Dr

City  
South BendState  
INZip Code  
46637-4336FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Memoral HospitalOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

**Transaction ID : C34203800**

Amount of Each Receipt this Period

100.00

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

450.00

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