

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

PAGE 446 OF 4592

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. COHEN, ROBERT, , ,

Mailing Address 182 Euston Rd S

City
GARDEN CITY SOUTHState
NYZip Code
11530-5528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
SCHOOL ADMINISTRATOR

Receipt For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2017

Transaction ID : C34108744

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Cohen, Steven, C, ,

Mailing Address 144 Gala Dr

City
State CollegeState
PAZip Code
16801-2488FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ 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
06	/	19	/	2017

Transaction ID : C34156833

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Cohen, Susan, , ,

Mailing Address 3223 E Bogert Trl

City
Palm SpringsState
CAZip Code
92264-9630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1103.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2017

Transaction ID : C34118137

Amount of Each Receipt this Period

103.00

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

178.00

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