

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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. Davis, Virginia, , ,**

Mailing Address 926 Alta Vista Dr

City  
Altadena

State  
CA

Zip Code  
91001-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2017

**Transaction ID : C34193601**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Davis, William, , ,**

Mailing Address 740 Gladstone Rd NW

City  
Atlanta

State  
GA

Zip Code  
30318-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self

Occupation (for Individual)  
physician

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2017

**Transaction ID : C34104868**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Davis-Marks, Terrelle, , ,**

Mailing Address 221 Homeside Ave

City  
West Haven

State  
CT

Zip Code  
06516-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yale University/EHS

Occupation (for Individual)  
Sr. Admin. Assistant

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2017

**Transaction ID : C34178099**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

105.00