

# **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. Smith, Amy, , ,**

Mailing Address 838 W End Ave

City  
New York

State  
NY

Zip Code  
10025-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Village Institute for Psychotherap

Occupation (for Individual)  
Psychotherapist

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 19 / 2017

**Transaction ID : C33435096**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

**B. Smith, BERNICE, M., ,**

Mailing Address 803 E 193RD ST

City  
GLENWOOD

State  
IL

Zip Code  
60425-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ssa

Occupation (for Individual)  
Clerk Reader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 04 / 2017

**Transaction ID : C33382989**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. Smith, Johnathon, , ,**

Mailing Address 5996 Balmoral Rd

City  
Montgomery

State  
AL

Zip Code  
36117-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premier Anesthesia

Occupation (for Individual)  
Anesthesiologist

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2017

**Transaction ID : C33494045**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2550.00