

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

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

FOR LINE NUMBER: PAGE 1265 OF 5824

(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. Duffy, Betty, J., ,

Mailing Address 200 S Station Rd
Apt 9110

City
Glen Carbon

State
IL

Zip Code
62034-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2019

Transaction ID : 33635020

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Duffy, Bradley, , ,

Mailing Address 1028 Eastpark St

City
Winner

State
SD

Zip Code
57580-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Usps

Occupation (for Individual)
Rural Mail Carrier

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2019

Transaction ID : 33592909

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Duffy, Carole, , ,

Mailing Address 1809 Torquay Ave

City
Royal Oak

State
MI

Zip Code
48073-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wm Beaumont Hospital

Occupation (for Individual)
Retired

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2019

Transaction ID : 33597640

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

300.00

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