

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 1485

(check only one)

<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. McBride, P., Anne, , M.D.

Mailing Address 108 E 86th St

City
New YorkState
NYZip Code
10028-1024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Weill Cornell MedicaOccupation (for Individual)
Physician

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2019

Transaction ID : C36314391

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Boyle, Nicholas, James, ,

Mailing Address 3007 Q St NW

City
WashingtonState
DCZip Code
20007-3081FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Williams & Connolly LLPOccupation (for Individual)
Attorney

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2019

Transaction ID : C36380641

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Butler, James, , ,Mailing Address 9 Everit St
Apt SuiteCity
New HavenState
CTZip Code
06511-2207FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2019

Transaction ID : C36335911

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1050.00