

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

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

FOR LINE NUMBER: PAGE 620 OF 7013

(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. Breitbart, Todd, , ,**

Mailing Address 205 W End Ave  
Apt 18E

City  
New York

State  
NY

Zip Code  
10023-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
Retired

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 18 / 2019

**Transaction ID : 33929156**

Amount of Each Receipt this Period

150.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

**B. Actblue**

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1213846.09

Date of Receipt

08 / 18 / 2019

**Transaction ID : 33929156E**

Amount of Each Receipt this Period

150.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

**C. Breitweiser, Karl, , ,**

Mailing Address 2500 Marfield Dr SW

City

Byron Center

State

MI

Zip Code

49315-8596

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MetroHealth Hospital

Occupation (for Individual)  
Physician

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2019

**Transaction ID : 33928550**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

175.00