

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

FOR LINE NUMBER: PAGE 1229 OF 3684

(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. Hamann, Linda, , ,**

Mailing Address 14312 Rocklin St

City  
Cedar LakeState  
INZip Code  
46303-9627FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

|     |     |             |
|-----|-----|-------------|
| M M | D D | Y Y Y Y Y Y |
| 05  | 21  | 2019        |

**Transaction ID : 33431104**

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

**B. Hamaty, Edward, , ,**Mailing Address 102 Desilvio Dr  
# USCity  
SicklervilleState  
NJZip Code  
08081-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AtlantiCare Regional Medical CenterOccupation (for Individual)  
Physician

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|     |     |             |
|-----|-----|-------------|
| M M | D D | Y Y Y Y Y Y |
| 05  | 17  | 2019        |

**Transaction ID : 33408041**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Hamel, Dennis, M, ,**

Mailing Address 1215 Wild Feather Ln

City  
Sun City CtrState  
FLZip Code  
33573-6208FEC ID number of contributing  
federal political committee.

C

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

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|     |     |             |
|-----|-----|-------------|
| M M | D D | Y Y Y Y Y Y |
| 05  | 16  | 2019        |

**Transaction ID : 33400743**

Amount of Each Receipt this Period

55.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

375.00

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