

# **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)

PAGE 1809 OF 3684

☒ 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. Limberis, Paul, N., ,**

Mailing Address 9736 E Aberdeen Ave

City  
Englewood

State  
CO

Zip Code  
80111-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Colorado

Occupation (for Individual)  
Pharmacist

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2019

**Transaction ID : 33378023**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**B. Limberis, Paul, N., ,**

Mailing Address 9736 E Aberdeen Ave

City  
Englewood

State  
CO

Zip Code  
80111-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Colorado

Occupation (for Individual)  
Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2019

**Transaction ID : 33415213**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**C. Limberis, Paul, N., ,**

Mailing Address 9736 E Aberdeen Ave

City  
Englewood

State  
CO

Zip Code  
80111-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Colorado

Occupation (for Individual)  
Pharmacist

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2019

**Transaction ID : 33456472**

Amount of Each Receipt this Period

800.00

☐ Memo Item

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

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

950.00