

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)

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☒ 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. May, William, F., ,

Mailing Address 9707 Old Georgetown Rd
Apt 1102

City
Bethesda

State
MD

Zip Code
20814-1746

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

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

Transaction ID : 33425078

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Mayer, Gregory, , , MD

Mailing Address 7037 N 46th Pl

City

Paradise Valley

State

AZ

Zip Code

85253-3233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ASU College of Health Solutions

Occupation (for Individual)

Professor of Practice

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2019

Transaction ID : 33440120

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

C. Mayer, Gregory, , , MD

Mailing Address 7037 N 46th Pl

City

Paradise Valley

State

AZ

Zip Code

85253-3233

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ASU College of Health Solutions

Occupation (for Individual)

Professor of Practice

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2019

Transaction ID : 33436140

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

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

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

1100.00