

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

FOR LINE NUMBER: PAGE 2817 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. Simon, Nancy, , ,

Mailing Address 355 W Kinnear Pl

US

City
SeattleState
WAZip Code
98119-3732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of washington medical cente

Occupation (for Individual)

physician

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
05	/	04	/	2019

Transaction ID : 33363795

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

B. Simon-Leff, Karen, , ,

Mailing Address 408 Hawthorn Way

City

New Windsor

State

NY

Zip Code

12553-4792

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EBS Healthcare

Occupation (for Individual)

Speech Language Pathologist

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
05	/	01	/	2019

Transaction ID : 33358696

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Simon-Leff, Karen, , ,

Mailing Address 408 Hawthorn Way

City

New Windsor

State

NY

Zip Code

12553-4792

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

EBS Healthcare

Occupation (for Individual)

Speech Language Pathologist

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID : 33426475

Amount of Each Receipt this Period

25.00

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

10035.00

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