

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

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

FOR LINE NUMBER: PAGE 9219 OF 10951

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DNC Services Corp / Democratic National Committee

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

**A. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For: 2020

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

6734189.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2020

Transaction ID : 35173638E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this  
organization.

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

**B. Harrison, Sylvia, , ,**

Mailing Address 13949 Weddington St

City

Sherman Oaks

State

CA

Zip Code

91401-5752

FEC ID number of contributing  
federal political committee.

C

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

Receipt For: 2020

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2020

Transaction ID : 35197173

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

**C. Harvey, Craig, L, ,**

Mailing Address 13811 Danbury Ct

City

Rosemount

State

MN

Zip Code

55068-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regions HospitalOccupation (for Individual)  
Director Of Pharmacy

Receipt For: 2020

☐ Primary  
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2020

Transaction ID : 35188063

Amount of Each Receipt this Period

105.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

330.00

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