

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

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

FOR LINE NUMBER: PAGE 643 OF 5209

(check only one)

☒ 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. Davis, William, , ,

Mailing Address 8813 Eby Dr

City

Shawnee Msn

State

KS

Zip Code

66212-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2017

Transaction ID : C34482015

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Davis-Marks, Terrelle, , ,

Mailing Address 221 Homeside Ave

City

West Haven

State

CT

Zip Code

06516-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Yale University/EHS

Occupation (for Individual)

Sr. Admin. Assistant

Receipt For: 2017

☐
☐

Primary

☒

General

Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2017

Transaction ID : C34491916

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Davis-Marks, Terrelle, , ,

Mailing Address 221 Homeside Ave

City

West Haven

State

CT

Zip Code

06516-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Yale University/EHS

Occupation (for Individual)

Sr. Admin. Assistant

Receipt For: 2017

☐
☐

Primary

☒

General

Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2017

Transaction ID : C34501975

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

65.00

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