

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

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

FOR LINE NUMBER: PAGE 1611 OF 8434

(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. Cohen, Steven, C, ,

Mailing Address 144 Gala Dr

City

State College

State

PA

Zip Code

16801-2488

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2018

Transaction ID : C35934075

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Cooper, Joel, D, ,

Mailing Address 1335 Waverly Rd

City

Gladwyne

State

PA

Zip Code

19035-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

U of Penn. Hospital/ School of Medicin

Occupation (for Individual)

Surgeon

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2018

Transaction ID : C35971645

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Johnson, Jean, , ,

Mailing Address 777 Hollenbeck Ave #24

City

Sunnyvale

State

CA

Zip Code

94087-1240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Stafford Health Care

Occupation (for Individual)

Librarian

Receipt For: 2018

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2018

Transaction ID : C35944815

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

640.00

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