

# **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. Sullivan, Susan, , ,**

Mailing Address 153 Maryland Dr

City  
Manson

State  
NC

Zip Code  
27553-9156

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
08 / 16 / 2017

**Transaction ID : C34372441**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Sullivan, Thomas, E, ,**

Mailing Address 651 SE Bayshore Dr Unit A202

City

Oak Harbor

State

WA

Zip Code

98277-3260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2017

**Transaction ID : C34356407**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Sullivan, Thomas, E, ,**

Mailing Address 651 SE Bayshore Dr Unit A202

City

Oak Harbor

State

WA

Zip Code

98277-3260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
08 / 11 / 2017

**Transaction ID : C34363670**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

425.00