

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 (Last, First, Middle Initial)

A. Judith H Cagle

Mailing Address PO Box 1160

City

Cameron

State

LA

Zip Code

70631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hebert Abstract Co., LLC

Occupation

Administrator/Abstracter

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	8		2	0	1	6		

Transaction ID : C32737865

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scott Calabro

Mailing Address 7780 Sheridan Rd

City

West Melbourne

State

FL

Zip Code

32904-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Property Manager

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	6		2	0	1	6		

Transaction ID : C32654150

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sharon Calcagno

Mailing Address 4 Crestlake Dr

City

San Francisco

State

CA

Zip Code

94132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Hospital Administrator

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	1		2	0	1	6		

Transaction ID : C32636632

Amount of Each Receipt this Period

50.00

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

125.00

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