

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

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

FOR LINE NUMBER: PAGE 575 OF 3937

(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, Anne Parker, H, ,

Mailing Address 52 Bailey Dr

City

Washington Crossing

State

PA

Zip Code

18977-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Shir Ami Early Learning Center

Occupation (for Individual)

preschool music teacher

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2020

Transaction ID : 34682139

Amount of Each Receipt this Period

10.00

☐

Memo Item

* Earmarked Contribution: See Below

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

B. Actblue

Mailing Address PO Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

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 ▼

2998774.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2020

Transaction ID : 34682139E

Amount of Each Receipt this Period

10.00

☒

Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Cohen, Ed, M., ,

Mailing Address 200 20th Ave

City

San Francisco

State

CA

Zip Code

94121-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dignity Health

Occupation (for Individual)

Planner

Receipt For: 2020

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2020

Transaction ID : 34616630

Amount of Each Receipt this Period

5000.00

☐

Memo Item

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

5010.00

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