

# **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. Simpkinson, Vance E., E.,**

Mailing Address 12212 Sunset Dr  
# US

City  
Cleveland

State  
OH

Zip Code  
44125-4950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ricoh/IBM

Occupation (for Individual)  
CSS

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

02 / 16 / 2020

**Transaction ID : 34635167**

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 ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2998774.13

Date of Receipt

02 / 12 / 2020

**Transaction ID : 34635167E**

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. Simpson, Anne, , ,**

Mailing Address 1224 W Ocean View Ave  
Apt C

City

Norfolk

State

VA

Zip Code

23503-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of N.M. Health Sciences Cen

Occupation (for Individual)  
Physican/ethicist

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

02 / 18 / 2020

**Transaction ID : 34661045**

Amount of Each Receipt this Period

190.00

☐ Memo Item

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

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

200.00