

# **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)

PAGE 128 OF 2562

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**DNC Services Corp./Dem. Nat'l Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Bloch, Will, , ,**

Mailing Address 75 El Camino Real

City  
 White Salmon

State  
 WA

Zip Code  
 98672-8904

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
 Retired

Occupation (for Individual)  
 Retired

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**01** / **03** / **2020**

**Transaction ID : 34421454**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Block Family, Stephen, , ,**

Mailing Address 701 Swan Hollow Rd

City  
 Monroe

State  
 NY

Zip Code  
 10950-5108

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
 Retired

Occupation (for Individual)  
 Retired

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01** / **07** / **2020**

**Transaction ID : 34430085**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Block, Brian, , ,**

Mailing Address 3508 Old Post Dr

City  
 Pikesville

State  
 MD

Zip Code  
 21208-3010

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
 MPS

Occupation (for Individual)  
 physician

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**01** / **31** / **2020**

**Transaction ID : 34540080**

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

2500.00