

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

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

FOR LINE NUMBER: PAGE 1174 OF 7144

(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. Walker, Peggy, , ,

Mailing Address 7147 Cornelia Ln

City  
DallasState  
TXZip Code  
75214-3226FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Department OfOccupation (for Individual)  
Social Worker

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

Transaction ID : C34711152

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Gerber, Martin, , ,

Mailing Address 22 Crescent Rd

City  
BelmontState  
MAZip Code  
02478-3708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
F.I. Patnode Insurance AgencyOccupation (for Individual)  
Insurance Broker

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 12 / 2017

Transaction ID : C34684322

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Castelli, Frank, D, ,

Mailing Address 6940 Deer Run Dr

City  
MIDDLEBRG HEIGHTSState  
OHZip Code  
44130-4847FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
City Of Middleburg HOccupation (for Individual)  
City Of Middlesburg

Receipt For: 2017

☐ Primary ☒ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 27 / 2017

Transaction ID : C34727272

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

230.00