

**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 692 OF 2902
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Phillip H Farrington
Full Name (Last, First, Middle Initial)
Mailing Address 533 Woodside Dr
City Hideaway State TX Zip Code 75771-5245
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Retired Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015
Transaction ID : C31464984
Amount of Each Receipt this Period
35.00

B. Adele M Fasick
Full Name (Last, First, Middle Initial)
Mailing Address 1386 28th Ave
City San Francisco State CA Zip Code 94122-1513
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation San Jose State University Instructor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015
Transaction ID : C31487047
Amount of Each Receipt this Period
50.00

C. Daniel E. Fass
Full Name (Last, First, Middle Initial)
Mailing Address 8 Cathlow Dr
City Riverside State CT Zip Code 06878-2602
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Institute for Image Guided Radio Thera Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015
Transaction ID : C31476798
Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional).....▶	10085.00
TOTAL This Period (last page this line number only).....▶	