

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

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

FOR LINE NUMBER: PAGE 1769 OF 2944

(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. Wilhelm, Jean, , ,

Mailing Address 9 South St.

City
EastportState
MEZip Code
04631-1518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2017

Transaction ID : C33895676

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Wilhelm, Jean, , ,

Mailing Address 9 South St.

City
EastportState
MEZip Code
04631-1518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For: 2017

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2017

Transaction ID : C33949472

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Wilkin, Aimee, , ,

Mailing Address 4933 Shady Maple Ln

City
Winston SalemState
NCZip Code
27106-8704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
wake forest university health sciencesOccupation (for Individual)
physician

Receipt For: 2017

☐ 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
04 / 07 / 2017

Transaction ID : C33870306

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

270.00

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