

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

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

FOR LINE NUMBER: PAGE 953 OF 10551

(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. Bowers, Charles, , ,

Mailing Address 4401 Lime Ave

City
Long Beach

State
CA

Zip Code
90807-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FJUHSD

Occupation (for Individual)
psychologist

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 22 / 2019

Transaction ID : 34342117

Amount of Each Receipt this Period

25.00

☐ 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: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1884194.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2019

Transaction ID : 34342117E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

C. Bowers, Jarrell, , ,

Mailing Address 4005 Patton Dr
US

City
Chattanooga

State
TN

Zip Code
37412-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Pharmacist

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2019

Transaction ID : 34368524

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

55.00