

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

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

FOR LINE NUMBER: PAGE 8121 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. Schiavone, John, , ,

Mailing Address 3715 Clinton Ave

City
RichmondState
CAZip Code
94805-1728FEC ID number of contributing
federal political committee.

C

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

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

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

Transaction ID : 34347456

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
CambridgeState
MAZip Code
02238-2110FEC 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 / 18 / 2019

Transaction ID : 34347456E

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. Schierhorn, Carl, , ,

Mailing Address 506 Ivan Dr

City
KentState
OHZip Code
44240-4416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kent State UniversityOccupation (for Individual)
Professor

Receipt For: 2019

☐ Primary ☒ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2019

Transaction ID : 34388482

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

75.00

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