

# **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 9253 OF 10551

☒ 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. Torres, Joseph, A, ,**

Mailing Address 3147 Sunnyside Ave

City  
Brookfield

State  
IL

Zip Code  
60513-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
Retired

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2019

**Transaction ID : 34331932**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Torres, Mary, Catherine, ,**

Mailing Address 2213 Spruce Needle Rd SE

City

Rio Rancho

State  
NM

Zip Code  
87124-6309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Retired

Occupation (for Individual)  
RETIRED

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2019

**Transaction ID : 34318588**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. Torres, Patricia, , ,**

Mailing Address 1025 Alameda De Las Pulgas  
# 0

City

Belmont

State  
CA

Zip Code  
94002-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kline Collision

Occupation (for Individual)  
Administration

Receipt For: 2019

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2019

**Transaction ID : 34326078**

Amount of Each Receipt this Period

10.00

☐ Memo Item

\* Earmarked Contribution: See Below

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

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

75.00