

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

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

FOR LINE NUMBER: PAGE 15146 OF 18095

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Democratic Senatorial Campaign Committee**

Full Name (Last, First, Middle Initial) <b>A. Howard Smith</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2014
Mailing Address PO Box 585		Transaction ID : VN874B0ZWR3
City Mountain View	State WY	Zip Code 82939-0585
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.00	
Name of Employer None	Occupation Retired	* Earmarked Contribution: See Below
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.00	

Full Name (Last, First, Middle Initial) <b>B. Actblue PAC</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2014
Mailing Address PO Box 441146		Transaction ID : VN874B0ZWR3E
City West Somerville	State MA	Zip Code 02144-0031
FEC ID number of contributing federal political committee. <b>C</b> C00401224	Amount of Each Receipt this Period 15.00	
Name of Employer	Occupation Conduit total listed in Agg. field	[MEMO ITEM] Note: Above Contribution earmarked through this organization.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3560676.23	

Full Name (Last, First, Middle Initial) <b>C. Howard Smith</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2014
Mailing Address 150 14th St Apt 205		Transaction ID : VN874B2HDW8
City Hoboken	State NJ	Zip Code 07030-4485
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer OFW, LLP	Occupation Attorney	* Earmarked Contribution: See Below
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.00
<b>TOTAL</b> This Period (last page this line number only)...	

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