

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 / 7111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial) A. Mr. Edward Barrett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 2423 15th Avenue		Transaction ID: 922076-24058141	
City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cms Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Health Insurance Specialist Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Mr. Edward Barrett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 2423 15th Avenue		Transaction ID: 922076-24055961	
City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cms Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Health Insurance Specialist Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Mr. Edward Barrett		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 2423 15th Avenue		Transaction ID: 922076-24059881	
City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cms Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Health Insurance Specialist Aggregate Year-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	