

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 6924
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Robert C Bahler**

Mailing Address 30949 Providence Rd

City Cleveland State OH Zip Code 44124-4914

FEC ID number of contributing federal political committee. **C**

Name of Employer Metro Health Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 27 / 2015**

**Transaction ID : C15832914**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. Morton Bahr**

Mailing Address 501 3rd St Nw

City Washington State DC Zip Code 20001-2760

FEC ID number of contributing federal political committee. **C**

Name of Employer Communications Workers of America Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 24 / 2015**

**Transaction ID : C15820960**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Dale E. Baker**

Mailing Address 1 American Sq Ste 2000

City Indianapolis State IN Zip Code 46282-0004

FEC ID number of contributing federal political committee. **C**

Name of Employer Baker Healthcare Consulting Inc. Occupation Hospital Financial Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 23 / 2015**

**Transaction ID : C15732378**

Amount of Each Receipt this Period  
**15000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **15550.00**

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