

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 405 OF 6953
	<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)
DSCC

Full Name (Last, First, Middle Initial) A. RODERICK J. HOLLAND			Date of Receipt
Mailing Address 88 GRAFTON ST			<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/>
City	State	Zip Code	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
ARLINGTON	MA	02474-6924	Transaction ID : VN874C1BY51
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period
Name of Employer THE MITRE CORPORATION			<input type="text" value="500.00"/>
Occupation ENGINEER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. SALLY HOLLEMON			Date of Receipt
Mailing Address 3335 CRESTVIEW DR S			<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/>
City	State	Zip Code	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
SALEM	OR	97302-5908	Transaction ID : VN874C23PD5
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period
Name of Employer NONE			<input type="text" value="225.00"/>
Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) C. BARBARA D HOLLINGSWORTH			Date of Receipt
Mailing Address 5001 FLAGSTAFF CT.			<input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYYYY"/>
City	State	Zip Code	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
HARRISBURG	NC	28075	Transaction ID : VN874C3FQ03
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period
Name of Employer NONE			<input type="text" value="25.00"/>
Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="254.32"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)...	<input type="text" value=""/>

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