

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

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

FOR LINE NUMBER: PAGE 103 / 240  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Senatorial Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Carl E Raniewicz

Mailing Address 127 W 10th St

City Elmira State NY Zip Code 14903-1616

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

Transaction ID: C4711904

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan Sarin

Mailing Address 12792 Sleigh Trl

City Milford State MI Zip Code 48380-1261

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

Name of Employer Cape Health Plan Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

Transaction ID: C4710662

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Seneca Nation of Indians

Mailing Address 3644 Administration Drive  
P.O. Box 231

City Salamanca State NY Zip Code 14779

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2009

Transaction ID: C4710686

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2000.00

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

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