

**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 202 / 2235 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Senatorial Campaign Committee

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Judy Engh | | Date of Receipt MM / DD / YYYY 10 / 03 / 2008 |
| Mailing Address 1280 Elegante Ln | | Transaction ID: C4535424 |
| City Anchorage | State AK | Zip Code 99501 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer Providence Alaska Medical Cent | Occupation Nurse | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Darryl Engle | | Date of Receipt MM / DD / YYYY 10 / 03 / 2008 |
| Mailing Address 615 W Summit Pl | | Transaction ID: C4535834 |
| City Chandler | State AZ | Zip Code 85225-7798 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Jerome, Gibson, et al | Occupation Attorney | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Howard Fairweather | | Date of Receipt MM / DD / YYYY 10 / 03 / 2008 |
| Mailing Address 4 Parsons Street | | Transaction ID: C4536050 |
| City Newburyport | State MA | Zip Code 01950 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer N/A | Occupation Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1450.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional) | 650.00 |
| TOTAL This Period (last page this line number only) | |

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