

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

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

FOR LINE NUMBER: PAGE 302 OF 2746

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

Full Name (Last, First, Middle Initial) A. Jane Orans			Date of Receipt MM / DD / YYYY 03 / 24 / 2015 Transaction ID : VN874BMVCC6		
Mailing Address 64 Park Ave			Amount of Each Receipt this Period 2500.00		
City Larchmont	State NY	Zip Code 10538-4223			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed/Quisisana Resort		Occupation Resort Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

Full Name (Last, First, Middle Initial) B. Barbara Orentzel			Date of Receipt MM / DD / YYYY 03 / 12 / 2015 Transaction ID : VN874BMGQM5		
Mailing Address 44 Hillandale Dr			Amount of Each Receipt this Period 716.00		
City New Rochelle	State NY	Zip Code 10804-1906			
FEC ID number of contributing federal political committee. C					
Name of Employer None		Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 716.00			

Full Name (Last, First, Middle Initial) C. Irene P Osborn MD			Date of Receipt MM / DD / YYYY 03 / 24 / 2015 Transaction ID : VN874BMSZE6		
Mailing Address 61 Carroll St			Amount of Each Receipt this Period 215.00		
City Bronx	State NY	Zip Code 10464-1463			
FEC ID number of contributing federal political committee. C					
Name of Employer Mt. Sinai Hospital		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 335.16			

SUBTOTAL of Receipts This Page (optional).....▶	3431.00
TOTAL This Period (last page this line number only).....▶	

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