

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 521 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. Raymond Battocchi

Mailing Address 35047 Snickersville Tpk

City Round Hill State VA Zip Code 20141-2050

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

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **03 / 27 / 2015**
Transaction ID : VN874BN8Z86

Amount of Each Receipt this Period **250.00**

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)
B. Actblue PAC

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **744558.56**

Date of Receipt **03 / 30 / 2015**
Transaction ID : VN874BN8Z86E

Amount of Each Receipt this Period **250.00**

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)
C. Raymond Battocchi

Mailing Address 35047 Snickersville Tpk

City Round Hill State VA Zip Code 20141-2050

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

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **03 / 27 / 2015**
Transaction ID : VN874BN98D5

Amount of Each Receipt this Period **100.00**

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ **350.00**

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

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