

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 628 / 2346  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Fannie M. Hector		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 4950 Governors Dr. Apt. 1305		Transaction ID: C6662266
City Forest Park	State Zip Code GA 30297	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
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 ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Rachel E. Hee		Date of Receipt MM / DD / YYYY 03 / 04 / 2010
Mailing Address 340 W 57th St. Apt. 19A		Transaction ID: C6591283
City New York	State Zip Code NY 10019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

**C.**

Full Name (Last, First, Middle Initial) Rachel E. Hee		Date of Receipt MM / DD / YYYY 03 / 30 / 2010
Mailing Address 340 W 57th St. Apt. 19A		Transaction ID: C6625167
City New York	State Zip Code NY 10019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	