

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 527  
(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) William T. Barker		Date of Receipt MM / DD / YYYY 02 / 13 / 2007
Mailing Address 132 E Delaware Pl. Apt. 5806		<b>Transaction ID:</b> 1126145-24973211
City Chicago	State IL	
Zip Code 60611	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 750.00
Name of Employer N/A	Occupation Attorney	Aggregate Year-to-Date ▼ 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Melanie Barnes		Date of Receipt MM / DD / YYYY 02 / 13 / 2007
Mailing Address 98 San Jacinto Blvd Ste 250		<b>Transaction ID:</b> 524399-24891901
City Austin	State TX	
Zip Code 78701	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 12500.00
Name of Employer N/A	Occupation Homemaker	Aggregate Year-to-Date ▼ 12500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Edward Barrett		Date of Receipt MM / DD / YYYY 02 / 01 / 2007
Mailing Address 2423 15th Avenue		<b>Transaction ID:</b> 922076-25224601
City San Francisco	State CA	
Zip Code 94116	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer CMS	Occupation Health Insurance Specialist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>13500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	