

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

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

FOR LINE NUMBER: PAGE 550 / 878

(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

**A.**

Full Name (Last, First, Middle Initial)  
Brenda Hansen

Mailing Address 5301 Burling Terrace

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed  
Occupation  
Mediator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: C5228650

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Harkins, M.D.

Mailing Address 110 Chews Landing Rd

City State Zip Code  
Haddonfield NJ 08033-3836

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed  
Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: C5233085

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas E. Harris

Mailing Address 255 Hudson St., Apt. 8E

City State Zip Code  
New York NY 10013

FEC ID number of contributing federal political committee. C

Name of Employer Promontary Financial Group  
Occupation  
Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

Transaction ID: C5233631

Amount of Each Receipt this Period  
250.00

SUBTOTAL of Receipts This Page (optional) .....	800.00
TOTAL This Period (last page this line number only) .....	

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