

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 531
	<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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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial) A. Eunice Noack		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 2141 Tydd St Apt 315		Transaction ID: 317280-19125351	
City State Zip Code Eureka CA 95501	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Lynn A. Ohman		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 5300 Moorland Lane		Transaction ID: 927351-18293601	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ohman & Associates/Owner Occupation Information Requested	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Barbara M. Olsen		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 26 Robin Wood Rd		Transaction ID: 852713-18837181	
City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Occupation Information Requested	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	