

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 586 OF 1901
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Senatorial Campaign Committee

Full Name (Last, First, Middle Initial)
A. Austin Fite

Mailing Address **1474 Paseo De Oro**

City **Pacific Palisades** State **CA** Zip Code **90272**

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

Name of Employer **Healthcare Partners** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
02 / 15 / 2015

Transaction ID : **VN874BJF0R7**

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 ▼
727777.73

Date of Receipt
02 / 17 / 2015

Transaction ID : **VN874BJF0R7E**

Amount of Each Receipt this Period
250.00

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

Full Name (Last, First, Middle Initial)
C. Austin Fite

Mailing Address **1474 Paseo De Oro**

City **Pacific Palisades** State **CA** Zip Code **90272**

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

Name of Employer **Healthcare Partners** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
02 / 15 / 2015

Transaction ID : **VN874BJF6V3**

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... **500.00**

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

150201181550