

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 34
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Pennsylvania Democratic Party

A. Full Name (Last, First, Middle Initial)
 Bob Casey For Pennsylvania Committee

Mailing Address 22 North Third Street

City	State	Zip Code
Harrisburg	PA	17101

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 32752.05

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 08 / 2007

Transaction ID: 16-07-01073-01952

Amount of Each Receipt this Period
 32752.05

Contribution Refund

SUBTOTAL of Receipts This Page (optional)	▶	32752.05
TOTAL This Period (last page this line number only)	▶	32752.05