

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 1671

(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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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Hans Aarsleff Mailing Address 120 Longview Dr City State Zip Code Princeton NJ 08540-5641 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation N/A Retired Professor Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7 <b>Transaction ID: C5242645</b> Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ziad Abdeen Mailing Address 2210 Village Drive City State Zip Code Mission TX 78572 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Doctors Hospital at Renas- sance Emergency Medicine Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7 <b>Transaction ID: C5209993</b> Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) W. Abelman Mailing Address 975 Memorial Dr Apt. 406 City State Zip Code Cambridge MA 02138-5753 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Self-Employed Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7 <b>Transaction ID: C5229896</b> Amount of Each Receipt this Period 50.00

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

850.00

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