

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4931 / 7441
(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

<p>A. Full Name (Last, First, Middle Initial) Jeannie Lavine</p> <p>Mailing Address 11 Brent Rd</p> <hr/> <p>City State Zip Code <u>Lexington</u> MA 02420-1823</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Homemaker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8</p> <p>Transaction ID: C5850701</p> <p>Amount of Each Receipt this Period 3500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Jonathan S. Lavine</p> <p>Mailing Address 11 Brent Rd</p> <hr/> <p>City State Zip Code <u>Lexington</u> MA 02420-1823</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Bain Capital, Inc. Occupation Investor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8</p> <p>Transaction ID: C5850700</p> <p>Amount of Each Receipt this Period 1500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Nicholas Lavrov</p> <p>Mailing Address 910 Cerrito St Albany</p> <hr/> <p>City State Zip Code <u>Albany</u> CA 94706-1522</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Alain Pinel Realtors Occupation Real Estate Broker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8</p> <p>Transaction ID: C5920150</p> <p>Amount of Each Receipt this Period 100.00</p>
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SUBTOTAL of Receipts This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	