

**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 13680 OF 42375
	<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 Congressional Campaign Committee

Full Name (Last, First, Middle Initial)
A. Walter Novey

Mailing Address 7 Grove St

City State Zip Code
Hallowell ME 04347-1106

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

Name of Employer Occupation
Trinity Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1724.95

Date of Receipt
10 / 14 / 2014
Transaction ID : C14624379A

Amount of Each Receipt this Period
50.00

* Earmarked Contribution: See Below Earmarked Through Actblue

Full Name (Last, First, Middle Initial)
B. Walter Novey

Mailing Address 7 Grove St

City State Zip Code
Hallowell ME 04347-1106

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

Name of Employer Occupation
Trinity Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1724.95

Date of Receipt
10 / 15 / 2014
Transaction ID : C14642657A

Amount of Each Receipt this Period
50.00

* Earmarked Contribution: See Below Earmarked Through Actblue

Full Name (Last, First, Middle Initial)
C. Steven Novick

Mailing Address 7315 SW 36th Ave

City State Zip Code
Portland OR 97219-1625

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

Name of Employer Occupation
Pyramid Communications Communications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 01 / 2014
Transaction ID : C14458055A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below Earmarked Through Actblue

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

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