

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="1136689.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1136689.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1136689.10"/>	<input type="text" value="1136689.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="301722.06"/>	<input type="text" value="301722.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="834967.04"/>	<input type="text" value="834967.04"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	301722.06	301722.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	301722.06	301722.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	301722.06	301722.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	301722.06	301722.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	301722.06	301722.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	301722.06	301722.06

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Athena M. Abujaber

Mailing Address 1487 N. Mentor Avenue

City Pasadena State CA Zip Code 91104

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8609

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Athena M. Abujaber

Mailing Address 1487 N. Mentor Avenue

City Pasadena State CA Zip Code 91104

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8610

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Athena M. Abujaber

Mailing Address 1487 N. Mentor Avenue

City Pasadena State CA Zip Code 91104

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8611

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

975.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Caitlin N. Allison

Mailing Address 590 S. Forest Drive

City Birmingham State AL Zip Code 35209

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8612

Amount of Each Disbursement this Period

750.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Andrew Ballard

Mailing Address 1110 Fidler Lane #916

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8613

Amount of Each Disbursement this Period

27.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Andrew Ballard

Mailing Address 1110 Fidler Lane #916

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8614

Amount of Each Disbursement this Period

875.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1652.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Andrew Ballard

Mailing Address 1110 Fidler Lane #916

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8615

Amount of Each Disbursement this Period

146.50

Full Name (Last, First, Middle Initial)

B. Andrew Ballard

Mailing Address 1110 Fidler Lane #916

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8616

Amount of Each Disbursement this Period

15.52

Full Name (Last, First, Middle Initial)

C. Karen C. Burchard

Mailing Address 2400 Clarendon Blvd, #905

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8617

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

787.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Karen C. Burchard

Mailing Address 2400 Clarendon Blvd, #905

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2015

Transaction ID : SB21B-8618

Amount of Each Disbursement this Period

22.89

Full Name (Last, First, Middle Initial)

B. Benjamin S. Demers

Mailing Address 1825 7th Street, NW, Apt 522

City Washington State DC Zip Code 20001

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2015

Transaction ID : SB21B-8619

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Benjamin S. Demers

Mailing Address 1825 7th Street, NW, Apt 522

City Washington State DC Zip Code 20001

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2015

Transaction ID : SB21B-8620

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1072.89

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Eileen M. de Parrie

Mailing Address 400 Cameron Station Blvd, #440

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8621

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Eileen M. de Parrie

Mailing Address 400 Cameron Station Blvd, #440

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8622

Amount of Each Disbursement this Period

19.14

Full Name (Last, First, Middle Initial)

C. Eileen M. de Parrie

Mailing Address 400 Cameron Station Blvd, #440

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8623

Amount of Each Disbursement this Period

28.29

SUBTOTAL of Disbursements This Page (optional)..... ▶

797.43

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Eileen M. de Parrie

Mailing Address 400 Cameron Station Blvd, #440

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8624

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

B. James T. Doody

Mailing Address 44 Hidden Valley Drive

City Newark State DE Zip Code 19711

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8625

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. James T. Doody

Mailing Address 44 Hidden Valley Drive

City Newark State DE Zip Code 19711

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8626

Amount of Each Disbursement this Period

162.40

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

415.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. James T. Doody

Mailing Address 44 Hidden Valley Drive

City Newark State DE Zip Code 19711

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2015

Transaction ID : SB21B-8627

Amount of Each Disbursement this Period

52.25

Full Name (Last, First, Middle Initial)

B. Rebecca M. Ernst

Mailing Address 1322 N. Damen Ave., #3

City Chicago State IL Zip Code 60622

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2015

Transaction ID : SB21B-8628

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Rebecca M. Ernst

Mailing Address 1322 N. Damen Ave., #3

City Chicago State IL Zip Code 60622

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2015

Transaction ID : SB21B-8629

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1102.25

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Rebecca M. Ernst

Mailing Address 1322 N. Damen Ave., #3

City Chicago State IL Zip Code 60622

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8630

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

B. Shola Farber

Mailing Address 30 Dayton Lane

City East Hampton State NY Zip Code 11937

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8631

Amount of Each Disbursement this Period

62.50

Full Name (Last, First, Middle Initial)

C. Shola Farber

Mailing Address 30 Dayton Lane

City East Hampton State NY Zip Code 11937

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8632

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1027.50

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Shola Farber

Mailing Address 30 Dayton Lane

City East Hampton State NY Zip Code 11937

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8633

Amount of Each Disbursement this Period

50.39

Full Name (Last, First, Middle Initial)

B. Shola Farber

Mailing Address 30 Dayton Lane

City East Hampton State NY Zip Code 11937

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8634

Amount of Each Disbursement this Period

40.27

Full Name (Last, First, Middle Initial)

C. Iris Ferguson

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8635

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

715.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Iris Ferguson

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8636

Amount of Each Disbursement this Period

69.00

Full Name (Last, First, Middle Initial)

B. Iris Ferguson

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8637

Amount of Each Disbursement this Period

4.97

Full Name (Last, First, Middle Initial)

C. Tanya Leigh Flores

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8638

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

123.97

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tanya Leigh Flores

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8639

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tanya Leigh Flores

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8640

Amount of Each Disbursement this Period

90.87

Full Name (Last, First, Middle Initial)

C. Brook E. Hefner

Mailing Address 3924 South Sycamore Avenue

City Los Angeles State CA Zip Code 90008

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8641

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1965.87

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Brook E. Hefner

Mailing Address 3924 South Sycamore Avenue

City Los Angeles State CA Zip Code 90008

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8642

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Tom L. Kelly

Mailing Address 6174 DeMorrow Road

City Stevensville State MI Zip Code 49127

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8643

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

C. Tom L. Kelly

Mailing Address 6174 DeMorrow Road

City Stevensville State MI Zip Code 49127

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8644

Amount of Each Disbursement this Period

54.19

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

689.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tom L. Kelly

Mailing Address 6174 DeMorrow Road

City State Zip Code
Stevensville MI 49127

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8645

Amount of Each Disbursement this Period

36.35

Full Name (Last, First, Middle Initial)

B. Jill F. Bartscht Kent

Mailing Address 6005 Washington Blvd.

City State Zip Code
Arlington VA 22205

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8646

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

C. Kathryn A. Kurth

Mailing Address 211 E. Ohio, #2523

City State Zip Code
Chicago IL 60611

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8647

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1286.35

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Kathryn A. Kurth

Mailing Address 211 E. Ohio, #2523

City Chicago State IL Zip Code 60611

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8648

Amount of Each Disbursement this Period

750.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Elizabeth R. Lewis

Mailing Address 2024 Virginia Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8649

Amount of Each Disbursement this Period

50.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Elizabeth R. Lewis

Mailing Address 2024 Virginia Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8650

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1800.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Elizabeth R. Lewis

Mailing Address 2024 Virginia Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : **SB21B-8651**

Amount of Each Disbursement this Period

39.36

Full Name (Last, First, Middle Initial)

B. Elizabeth R. Lewis

Mailing Address 2024 Virginia Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : **SB21B-8652**

Amount of Each Disbursement this Period

33.38

Full Name (Last, First, Middle Initial)

C. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : **SB21B-8653**

Amount of Each Disbursement this Period

28.06

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

100.80

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : **SB21B-8654**

Amount of Each Disbursement this Period

26.50

Full Name (Last, First, Middle Initial)

B. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : **SB21B-8655**

Amount of Each Disbursement this Period

3.54

Full Name (Last, First, Middle Initial)

C. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : **SB21B-8656**

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

80.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8657

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8658

Amount of Each Disbursement this Period

84.13

Category/
Type

Full Name (Last, First, Middle Initial)

C. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8659

Amount of Each Disbursement this Period

56.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1140.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Steven A. Montalto

Mailing Address 1620 Highridge Parkway

City Westchester State IL Zip Code 60154

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8663

Amount of Each Disbursement this Period

32.04

Full Name (Last, First, Middle Initial)

B. Steven A. Montalto

Mailing Address 1620 Highridge Parkway

City Westchester State IL Zip Code 60154

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8664

Amount of Each Disbursement this Period

33.18

Full Name (Last, First, Middle Initial)

C. Steven A. Montalto

Mailing Address 1620 Highridge Parkway

City Westchester State IL Zip Code 60154

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8665

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

940.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Steven A. Montalto

Mailing Address 1620 Highridge Parkway

City Westchester State IL Zip Code 60154

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2015

Transaction ID : SB21B-8666

Amount of Each Disbursement this Period

62.00

Full Name (Last, First, Middle Initial)

B. Grant P. O'Brien

Mailing Address 506 Bonnie Brae Place, Apt G1

City River Forest State IL Zip Code 60305

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2015

Transaction ID : SB21B-8667

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mary F. Offerman

Mailing Address 8545 Springfield Avenue

City Skokie State IL Zip Code 60076

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2015

Transaction ID : SB21B-8668

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1687.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Mary F. Offerman

Mailing Address 8545 Springfield Avenue

City Skokie State IL Zip Code 60076

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : SB21B-8669

Amount of Each Disbursement this Period

3	0	0
---	---	---

Full Name (Last, First, Middle Initial)

B. Mary F. Offerman

Mailing Address 8545 Springfield Avenue

City Skokie State IL Zip Code 60076

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : SB21B-8670

Amount of Each Disbursement this Period

1	1	1	0
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Carly Olsman

Mailing Address 55 W Delaware Place, Unit 307

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : SB21B-8671

Amount of Each Disbursement this Period

7	5	0	0
---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8	6	4	0	0
---	---	---	---	---

8	6	4	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Carly Olsman

Mailing Address 55 W Delaware Place, Unit 307

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : SB21B-8672

Amount of Each Disbursement this Period

1	4	1	7	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Krystal B. Person

Mailing Address 1313 Cilantro Court

City Tega Cay State SC Zip Code 29708

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : SB21B-8673

Amount of Each Disbursement this Period

3	7	5	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Caroline Pietrzak

Mailing Address 7 Longwood Drive

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : SB21B-8674

Amount of Each Disbursement this Period

5	.	3	0
---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	2	2	.	0	5
---	---	---	---	---	---

5	2	2	.	0	5
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Caroline Pietrzak

Mailing Address 7 Longwood Drive

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8675

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

B. Caroline Pietrzak

Mailing Address 7 Longwood Drive

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8676

Amount of Each Disbursement this Period

57.04

Full Name (Last, First, Middle Initial)

C. Glen Ryniewski

Mailing Address 6104 W. Henderson

City Chicago State IL Zip Code 60634

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8677

Amount of Each Disbursement this Period

364.62

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1046.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8678

Amount of Each Disbursement this Period

28.06

Full Name (Last, First, Middle Initial)

B. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8679

Amount of Each Disbursement this Period

7.24

Full Name (Last, First, Middle Initial)

C. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8680

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

785.30

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City State Zip Code
New York NY 10028

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8681

Amount of Each Disbursement this Period

110.40

Full Name (Last, First, Middle Initial)

B. Greg Schultz

Mailing Address 1301 U Street. NW, #515

City State Zip Code
Washington DC 20009

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8682

Amount of Each Disbursement this Period

42.07

Full Name (Last, First, Middle Initial)

C. Kerry C. Stackpole

Mailing Address 7200 Nathaniel Lane

City State Zip Code
McLean VA 22101

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8683

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

202.47

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Kerry C. Stackpole

Mailing Address 7200 Nathaniel Lane

City McLean State VA Zip Code 22101

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : SB21B-8684

Amount of Each Disbursement this Period

8	7	5	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Kerry C. Stackpole

Mailing Address 7200 Nathaniel Lane

City McLean State VA Zip Code 22101

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : SB21B-8685

Amount of Each Disbursement this Period

9	1	.	7	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Kerry C. Stackpole

Mailing Address 7200 Nathaniel Lane

City McLean State VA Zip Code 22101

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : SB21B-8686

Amount of Each Disbursement this Period

2	4	.	0	0
---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

9	9	0	.	7	5
---	---	---	---	---	---

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

9	9	0	.	7	5
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Molly S. Stieber

Mailing Address 2134 Locust St., Apt 4F

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8687

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

B. Molly S. Stieber

Mailing Address 2134 Locust St., Apt 4F

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8688

Amount of Each Disbursement this Period

28.64

Full Name (Last, First, Middle Initial)

C. Lars V. Thorn

Mailing Address 3700 Pacific Ave., Apt 8

City Marina Del Rey State CA Zip Code 90292

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8689

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1528.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Lainey Tick

Mailing Address 2847 N. Orchard St, Unit 2

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8690

Amount of Each Disbursement this Period

13.00

Full Name (Last, First, Middle Initial)

B. Lainey Tick

Mailing Address 2847 N. Orchard St, Unit 2

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8691

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Lainey Tick

Mailing Address 2847 N. Orchard St, Unit 2

City Chicago State IL Zip Code 60657

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8692

Amount of Each Disbursement this Period

140.81

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

903.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8693

Amount of Each Disbursement this Period

25.60

Full Name (Last, First, Middle Initial)

B. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8694

Amount of Each Disbursement this Period

5.50

Full Name (Last, First, Middle Initial)

C. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8695

Amount of Each Disbursement this Period

1.60

SUBTOTAL of Disbursements This Page (optional)..... ▶

32.70

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8696

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8697

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SB21B-8698

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

710.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2015

Transaction ID : SB21B-8699

Amount of Each Disbursement this Period

21.28

Category/
Type

Full Name (Last, First, Middle Initial)

B. Whitney R. Anderson

Mailing Address 806 8th Street, NE, Apt 2

City Washington State DC Zip Code 20002

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8700

Amount of Each Disbursement this Period

50.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Whitney R. Anderson

Mailing Address 806 8th Street, NE, Apt 2

City Washington State DC Zip Code 20002

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8701

Amount of Each Disbursement this Period

500.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

571.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Whitney R. Anderson

Mailing Address 806 8th Street, NE, Apt 2

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8702

Amount of Each Disbursement this Period

18.81

Full Name (Last, First, Middle Initial)

B. Andrea S. Blinkhorn

Mailing Address 63 Park Street, Apt 2

City Somerville State MA Zip Code 02143

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8703

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael Brown

Mailing Address 1027 W. Vernon Park Pl, Unit G

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8704

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

518.81

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Michael Brown

Mailing Address 1027 W. Vernon Park Pl, Unit G

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8705

Amount of Each Disbursement this Period

80.96

Full Name (Last, First, Middle Initial)

B. Michael Brown

Mailing Address 1027 W. Vernon Park Pl, Unit G

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8706

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

C. Cristina Flores

Mailing Address 450 Massachusetts Ave NW
Apt 819

City Washington State DC Zip Code 20001

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8707

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

838.96

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Cristina Flores

Mailing Address 450 Massachusetts Ave NW
Apt 819

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8708

Amount of Each Disbursement this Period

11.70

Full Name (Last, First, Middle Initial)

B. Cristina Flores

Mailing Address 450 Massachusetts Ave NW
Apt 819

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8709

Amount of Each Disbursement this Period

1.50

Full Name (Last, First, Middle Initial)

C. Stephanie M. Fuqua

Mailing Address 207 East First Street

City Sandpoint State ID Zip Code 83864

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8710

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

38.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Stephanie M. Fuqua

Mailing Address 207 East First Street

City Sandpoint State ID Zip Code 83864

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8711

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephanie M. Fuqua

Mailing Address 207 East First Street

City Sandpoint State ID Zip Code 83864

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8712

Amount of Each Disbursement this Period

13.05

Full Name (Last, First, Middle Initial)

C. Stephanie M. Fuqua

Mailing Address 207 East First Street

City Sandpoint State ID Zip Code 83864

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8713

Amount of Each Disbursement this Period

18.08

SUBTOTAL of Disbursements This Page (optional)..... ▶

1031.13

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Melissa Gibbs

Mailing Address 358 S. Gramercy Place, #301

City Los Angeles State CA Zip Code 90020

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8714

Amount of Each Disbursement this Period

2.59

Full Name (Last, First, Middle Initial)

B. Melissa Gibbs

Mailing Address 358 S. Gramercy Place, #301

City Los Angeles State CA Zip Code 90020

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8715

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Melissa Gibbs

Mailing Address 358 S. Gramercy Place, #301

City Los Angeles State CA Zip Code 90020

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8716

Amount of Each Disbursement this Period

24.04

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

776.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Melissa Gibbs

Mailing Address 358 S. Gramercy Place, #301

City Los Angeles State CA Zip Code 90020

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8717

Amount of Each Disbursement this Period

6.00

Full Name (Last, First, Middle Initial)

B. Evan Glover

Mailing Address 1160 First Street, NE, Apt 826

City Washington State DC Zip Code 20002

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8718

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Evan Glover

Mailing Address 1160 First Street, NE, Apt 826

City Washington State DC Zip Code 20002

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8719

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

681.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Evan Glover

Mailing Address 1160 First Street, NE, Apt 826

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8720

Amount of Each Disbursement this Period

16.54

Full Name (Last, First, Middle Initial)

B. Evan Glover

Mailing Address 1160 First Street, NE, Apt 826

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8721

Amount of Each Disbursement this Period

6.00

Full Name (Last, First, Middle Initial)

C. Michael P. Hegarty

Mailing Address 17315 N 27th Place

City Phoenix State AZ Zip Code 85032

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8722

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

72.54

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Michael P. Hegarty

Mailing Address 17315 N 27th Place

City Phoenix State AZ Zip Code 85032

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8723

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael P. Hegarty

Mailing Address 17315 N 27th Place

City Phoenix State AZ Zip Code 85032

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8724

Amount of Each Disbursement this Period

45.79

Full Name (Last, First, Middle Initial)

C. Michael P. Hegarty

Mailing Address 17315 N 27th Place

City Phoenix State AZ Zip Code 85032

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8725

Amount of Each Disbursement this Period

91.50

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1137.29

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Iridian Corp. Nicole Lynch

Mailing Address 268 Smith Street, #4

City State Zip Code
Brooklyn NY 11231

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8726

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. Iridian Corp. Nicole Lynch

Mailing Address 268 Smith Street, #4

City State Zip Code
Brooklyn NY 11231

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8727

Amount of Each Disbursement this Period

139.33

Full Name (Last, First, Middle Initial)

C. Iridian Corp. Nicole Lynch

Mailing Address 268 Smith Street, #4

City State Zip Code
Brooklyn NY 11231

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8728

Amount of Each Disbursement this Period

3.50

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1017.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Christopher Kimmel

Mailing Address 30 Eustis Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8729

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Kathryn A. Kurth

Mailing Address 211 E. Ohio, #2523

City Chicago State IL Zip Code 60611

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8730

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

C. Kathryn A. Kurth

Mailing Address 211 E. Ohio, #2523

City Chicago State IL Zip Code 60611

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8731

Amount of Each Disbursement this Period

45.44

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1420.44

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Hannah Sierra Levien

Mailing Address 3399 North Rd., MSC 12035

City Poughkeepsie State NY Zip Code 12601

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8732

Amount of Each Disbursement this Period

29.64

Full Name (Last, First, Middle Initial)

B. Hannah Sierra Levien

Mailing Address 3399 North Rd., MSC 12035

City Poughkeepsie State NY Zip Code 12601

Purpose of Disbursement
Train/Bus Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8733

Amount of Each Disbursement this Period

34.00

Full Name (Last, First, Middle Initial)

C. Hannah Sierra Levien

Mailing Address 3399 North Rd., MSC 12035

City Poughkeepsie State NY Zip Code 12601

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8734

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

113.64

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Hannah Sierra Levien

Mailing Address 3399 North Rd., MSC 12035

City Poughkeepsie State NY Zip Code 12601

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8735

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. Hannah Sierra Levien

Mailing Address 3399 North Rd., MSC 12035

City Poughkeepsie State NY Zip Code 12601

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8736

Amount of Each Disbursement this Period

54.63

Full Name (Last, First, Middle Initial)

C. Brian J. McPartlin

Mailing Address 1 E. Lonquist Blvd

City Mount Prospect State IL Zip Code 60056

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8737

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1554.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Brian J. McPartlin

Mailing Address 1 E. Lonnquist Blvd

City Mount Prospect State IL Zip Code 60056

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8738

Amount of Each Disbursement this Period

73.02

Full Name (Last, First, Middle Initial)

B. Steven A. Montalto

Mailing Address 1620 Highridge Parkway

City Westchester State IL Zip Code 60154

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8739

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anna Rafdal

Mailing Address 475 St. Marks Ave, 5-E

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8740

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1573.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Anna Rafdal

Mailing Address 475 St. Marks Ave, 5-E

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8741

Amount of Each Disbursement this Period

127.90

Full Name (Last, First, Middle Initial)

B. Zhanna Rozenbaum

Mailing Address 171 E. 83rd Street, Apt 6C

City New York State NY Zip Code 10028

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8742

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Zhanna Rozenbaum

Mailing Address 171 E. 83rd Street, Apt 6C

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8743

Amount of Each Disbursement this Period

40.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1042.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Glen Ryniewski

Mailing Address 6104 W. Henderson

City Chicago State IL Zip Code 60634

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8744

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Glen Ryniewski

Mailing Address 6104 W. Henderson

City Chicago State IL Zip Code 60634

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8745

Amount of Each Disbursement this Period

44.35

Full Name (Last, First, Middle Initial)

C. Glen Ryniewski

Mailing Address 6104 W. Henderson

City Chicago State IL Zip Code 60634

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8746

Amount of Each Disbursement this Period

33.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

827.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8747

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8748

Amount of Each Disbursement this Period

34.89

Full Name (Last, First, Middle Initial)

C. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8749

Amount of Each Disbursement this Period

14.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

798.89

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Corey Sims

Mailing Address 811 R Street, NW, Apt 102

City Washington State DC Zip Code 20001

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8750

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Corey Sims

Mailing Address 811 R Street, NW, Apt 102

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8751

Amount of Each Disbursement this Period

30.22

Full Name (Last, First, Middle Initial)

C. Enjoli M. Timmons

Mailing Address 2700 Wisconsin Avenue, NW
Apt. 507

City Washington State DC Zip Code 20007

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8752

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

830.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Enjoli M. Timmons

Mailing Address 2700 Wisconsin Avenue, NW
Apt. 507

City Washington State DC Zip Code 20007

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8753

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. Janice A. Broderick

Mailing Address PO Box 162

City New York State NY Zip Code 10163

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8754

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

C. Tavoris D. Culpepper

Mailing Address 4100 Russell Ave, #3

City Mount Rainier State MD Zip Code 20712

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8755

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1875.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Eileen J. Gaffen

Mailing Address 1027 Reliance Way

City State Zip Code
Del Mar CA 92014

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8756

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Eileen J. Gaffen

Mailing Address 1027 Reliance Way

City State Zip Code
Del Mar CA 92014

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8757

Amount of Each Disbursement this Period

132.72

Full Name (Last, First, Middle Initial)

C. Eileen J. Gaffen

Mailing Address 1027 Reliance Way

City State Zip Code
Del Mar CA 92014

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8758

Amount of Each Disbursement this Period

42.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

924.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Melissa Gibbs

Mailing Address 358 S. Gramercy Place, #301

City Los Angeles State CA Zip Code 90020

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8759

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Jennifer Grace

Mailing Address 4673 Bailey Road

City Dimondale State MI Zip Code 48821

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8760

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jennifer Grace

Mailing Address 4673 Bailey Road

City Dimondale State MI Zip Code 48821

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8761

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1310.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial) A. Brook E. Hefner		Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address 3924 South Sycamore Avenue		Transaction ID : SB21B-8762
City Los Angeles	State CA	
Zip Code 90008	Purpose of Disbursement Advance Logistics Services	Amount of Each Disbursement this Period 750.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Brook E. Hefner		Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address 3924 South Sycamore Avenue		Transaction ID : SB21B-8763
City Los Angeles	State CA	
Zip Code 90008	Purpose of Disbursement Travel Fuel	Amount of Each Disbursement this Period 37.91
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Brook E. Hefner		Date of Disbursement MM / DD / YYYY 01 / 12 / 2015
Mailing Address 3924 South Sycamore Avenue		Transaction ID : SB21B-8764
City Los Angeles	State CA	
Zip Code 90008	Purpose of Disbursement Travel Parking	Amount of Each Disbursement this Period 1.25
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	789.16
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Reginald A. Hubbard II

Mailing Address 8258 Portsmouth Drive

City State Zip Code
Severn MD 21144

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8765

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Reginald A. Hubbard II

Mailing Address 8258 Portsmouth Drive

City State Zip Code
Severn MD 21144

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8766

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

C. Reginald A. Hubbard II

Mailing Address 8258 Portsmouth Drive

City State Zip Code
Severn MD 21144

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8767

Amount of Each Disbursement this Period

29.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

704.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Reginald A. Hubbard II

Mailing Address 8258 Portsmouth Drive

City State Zip Code
Severn MD 21144

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8768

Amount of Each Disbursement this Period

28.82

Full Name (Last, First, Middle Initial)

B. Reginald A. Hubbard II

Mailing Address 8258 Portsmouth Drive

City State Zip Code
Severn MD 21144

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8769

Amount of Each Disbursement this Period

4.25

Full Name (Last, First, Middle Initial)

C. Tom L. Kelly

Mailing Address 6174 DeMorrow Road

City State Zip Code
Stevensville MI 49127

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8770

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

533.07

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tom L. Kelly

Mailing Address 6174 DeMorrow Road

City State Zip Code
Stevensville MI 49127

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	12	/	2015

Transaction ID : SB21B-8771

Amount of Each Disbursement this Period

77.40

Full Name (Last, First, Middle Initial)

B. Tom L. Kelly

Mailing Address 6174 DeMorrow Road

City State Zip Code
Stevensville MI 49127

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	12	/	2015

Transaction ID : SB21B-8772

Amount of Each Disbursement this Period

15.43

Full Name (Last, First, Middle Initial)

C. Tom L. Kelly

Mailing Address 6174 DeMorrow Road

City State Zip Code
Stevensville MI 49127

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	12	/	2015

Transaction ID : SB21B-8773

Amount of Each Disbursement this Period

4.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

96.83

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Mary F. Offerman

Mailing Address 8545 Springfield Avenue

City Skokie State IL Zip Code 60076

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8774

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mary F. Offerman

Mailing Address 8545 Springfield Avenue

City Skokie State IL Zip Code 60076

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8775

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mary F. Offerman

Mailing Address 8545 Springfield Avenue

City Skokie State IL Zip Code 60076

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8776

Amount of Each Disbursement this Period

52.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

852.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. William Pepek

Mailing Address 1510 R Street, NW, Apt A

City Washington State DC Zip Code 20009

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8777

Amount of Each Disbursement this Period

32.26

Full Name (Last, First, Middle Initial)

B. William Pepek

Mailing Address 1510 R Street, NW, Apt A

City Washington State DC Zip Code 20009

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8778

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. William Pepek

Mailing Address 1510 R Street, NW, Apt A

City Washington State DC Zip Code 20009

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8779

Amount of Each Disbursement this Period

21.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

803.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. William Pepek

Mailing Address 1510 R Street, NW, Apt A

City Washington State DC Zip Code 20009

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8780

Amount of Each Disbursement this Period

38.22

Full Name (Last, First, Middle Initial)

B. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8781

Amount of Each Disbursement this Period

22.50

Full Name (Last, First, Middle Initial)

C. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8782

Amount of Each Disbursement this Period

625.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

685.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8783

Amount of Each Disbursement this Period

38.10

Full Name (Last, First, Middle Initial)

B. Valentine Sanders

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8784

Amount of Each Disbursement this Period

35.22

Full Name (Last, First, Middle Initial)

C. Shelbi G. Sturgess

Mailing Address 2400 S. Glebe, Apt 406

City Arlington State VA Zip Code 22206

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2015

Transaction ID : SB21B-8785

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

573.32

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Lars V. Thorn

Mailing Address 3700 Pacific Ave., Apt 8

City Marina Del Rey State CA Zip Code 90292

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8786

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Lars V. Thorn

Mailing Address 3700 Pacific Ave., Apt 8

City Marina Del Rey State CA Zip Code 90292

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8787

Amount of Each Disbursement this Period

324.80

POV Mileage

Full Name (Last, First, Middle Initial)

C. Lars V. Thorn

Mailing Address 3700 Pacific Ave., Apt 8

City Marina Del Rey State CA Zip Code 90292

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8788

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1086.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Enjoli M. Timmons

Mailing Address 2700 Wisconsin Avenue, NW
Apt. 507

City Washington State DC Zip Code 20007

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8789

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

B. Enjoli M. Timmons

Mailing Address 2700 Wisconsin Avenue, NW
Apt. 507

City Washington State DC Zip Code 20007

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8790

Amount of Each Disbursement this Period

49.00

Full Name (Last, First, Middle Initial)

C. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8791

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

724.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8792

Amount of Each Disbursement this Period

875.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8793

Amount of Each Disbursement this Period

27.44

Category/
Type

Full Name (Last, First, Middle Initial)

C. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8794

Amount of Each Disbursement this Period

27.01

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

929.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Geoffrey W. Yost

Mailing Address 202 Ashley Ave., Apt E

City Charleston State SC Zip Code 29403

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8795

Amount of Each Disbursement this Period

26.35

Full Name (Last, First, Middle Initial)

B. Geoffrey W. Yost

Mailing Address 202 Ashley Ave., Apt E

City Charleston State SC Zip Code 29403

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8796

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Geoffrey W. Yost

Mailing Address 202 Ashley Ave., Apt E

City Charleston State SC Zip Code 29403

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2015

Transaction ID : SB21B-8797

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

951.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028

Amount of Each Disbursement this Period

53561.24

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

B. Crowne Plaza Philadelphia-

Mailing Address 2349 W Marlton Pike

City Cherry Hill State NJ Zip Code 08002

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-10000

Amount of Each Disbursement this Period

645.05

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. Four Seasons Hotel

Mailing Address 2400 M Street

City Washington State DC Zip Code 20001

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-20000

Amount of Each Disbursement this Period

1850.89

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

53561.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Four Seasons Hotel

Mailing Address 300 South Doheny Drive

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-30000

Amount of Each Disbursement this Period

6342.19

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. The Beverly Hills Hilton

Mailing Address 9876 Wilshire Boulevard

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-40000

Amount of Each Disbursement this Period

2082.38

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. Hilton Stamford Hotel

Mailing Address One First Stamford Place

City Stamford State CT Zip Code 06902

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-50000

Amount of Each Disbursement this Period

913.64

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Hilton Manhattan East

Mailing Address 304 E. 42nd Street

City New York State NY Zip Code 10017

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-60000

Amount of Each Disbursement this Period

8349.02

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. Holiday Inn Boston-

Mailing Address 30 Washington Street

City Somerville State MA Zip Code 02143

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-70000

Amount of Each Disbursement this Period

1087.36

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. JW Marriott Miami

Mailing Address 1109 Brickell Avenue

City Miami State FL Zip Code 33131

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-80000

Amount of Each Disbursement this Period

6552.64

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Radisson Blu Warwick Hotel

Mailing Address 220 South 17th Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-90000

Amount of Each Disbursement this Period

10051.87

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. Sheraton San Diego Hotel

Mailing Address 1380 Harbor Island Drive

City San Diego State CA Zip Code 92101

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-10000

Amount of Each Disbursement this Period

725.44

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. W Los Angeles

Mailing Address 930 Hilgard Avenue

City Los Angeles State CA Zip Code 90024

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-110000

Amount of Each Disbursement this Period

4364.70

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. The Westin Book Cadillac

Mailing Address 1114 Washington Blvd

City Detroit State MI Zip Code 48226

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-120000

Amount of Each Disbursement this Period

4294.41

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. The Westin Seattle

Mailing Address 1900 5th Avenue

City Seattle State WA Zip Code 98101

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9028-130000

Amount of Each Disbursement this Period

6301.65

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9029

Amount of Each Disbursement this Period

44895.35

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

44895.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Enterprise Rent-A-Car

Mailing Address PO Box 402383

City Atlanta State GA Zip Code 30384

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2015

Transaction ID : SB21B-9029-10000

Amount of Each Disbursement this Period

44895.35

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8799

Amount of Each Disbursement this Period

17.86

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8800

Amount of Each Disbursement this Period

24.18

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

42.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8801

Amount of Each Disbursement this Period

19.86

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8802

Amount of Each Disbursement this Period

24.17

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8803

Amount of Each Disbursement this Period

50.50

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

94.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8804

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

28.56

Purpose of Disbursement
White House Airlift In-flight Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8805

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

36.53

Purpose of Disbursement
White House Airlift In-flight Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8806

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

34.36

Purpose of Disbursement
White House Airlift In-flight Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

99.45

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8807

Amount of Each Disbursement this Period

38.15

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8808

Amount of Each Disbursement this Period

17.81

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8809

Amount of Each Disbursement this Period

103.45

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

159.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-8810

Amount of Each Disbursement this Period

39.73

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-8811

Amount of Each Disbursement this Period

48.09

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-8812

Amount of Each Disbursement this Period

28.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

116.35

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8813

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

16.49

Purpose of Disbursement
White House Airlift In-flight Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8814

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

4120.30

Purpose of Disbursement
White House Airlift Airfare

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8815

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

2770.30

Purpose of Disbursement
White House Airlift Airfare

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

6907.09

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-8816

Amount of Each Disbursement this Period

46.95

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Category/
Type

Transaction ID : SB21B-8817

Amount of Each Disbursement this Period

1888.12

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Category/
Type

Transaction ID : SB21B-8818

Amount of Each Disbursement this Period

2173.48

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4108.55

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-8819

Amount of Each Disbursement this Period

42.20

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Category/
Type

Transaction ID : SB21B-8820

Amount of Each Disbursement this Period

18468.88

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Category/
Type

Transaction ID : SB21B-8821

Amount of Each Disbursement this Period

1366.92

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

19878.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-8822

Amount of Each Disbursement this Period

58.51

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Category/
Type

Transaction ID : SB21B-8823

Amount of Each Disbursement this Period

3404.88

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Category/
Type

Transaction ID : SB21B-8824

Amount of Each Disbursement this Period

580.82

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

4044.21

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8825

Amount of Each Disbursement this Period

7070.00

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8826

Amount of Each Disbursement this Period

60.69

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8827

Amount of Each Disbursement this Period

11579.10

SUBTOTAL of Disbursements This Page (optional)..... ▶

18709.79

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8828

Amount of Each Disbursement this Period

2220.14

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8829

Amount of Each Disbursement this Period

32200.00

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8830

Amount of Each Disbursement this Period

38.15

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

34458.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8831

Amount of Each Disbursement this Period

2499.00

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8832

Amount of Each Disbursement this Period

3205.60

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8833

Amount of Each Disbursement this Period

17.81

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5722.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8834

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

8.91

Purpose of Disbursement
White House Airlift In-flight Services

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8835

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

3800.00

Purpose of Disbursement
White House Airlift Airfare

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8836

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

1031.36

Purpose of Disbursement
White House Airlift Airfare

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4840.27

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8837

Amount of Each Disbursement this Period

1031.36

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8838

Amount of Each Disbursement this Period

35.77

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8839

Amount of Each Disbursement this Period

1158.90

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2226.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-8840

Amount of Each Disbursement this Period

174.22

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Category/
Type

Transaction ID : SB21B-8841

Amount of Each Disbursement this Period

8.86

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Category/
Type

Transaction ID : SB21B-8842

Amount of Each Disbursement this Period

8080.18

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

8263.26

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8843

Amount of Each Disbursement this Period

250.20

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8844

Amount of Each Disbursement this Period

47.14

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8845

Amount of Each Disbursement this Period

2715.21

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3012.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Category/
Type

Transaction ID : SB21B-8846

Amount of Each Disbursement this Period

1866.69

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Helo

Candidate Name

Category/
Type

Transaction ID : SB21B-8847

Amount of Each Disbursement this Period

1320.48

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Helo

Candidate Name

Category/
Type

Transaction ID : SB21B-8848

Amount of Each Disbursement this Period

1037.52

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4224.69

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8849

Amount of Each Disbursement this Period

4428.60

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8850

Amount of Each Disbursement this Period

27.68

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8851

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4486.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8852

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

8.65

Purpose of Disbursement
White House Airlift In-flight Services

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8853

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

566.46

Purpose of Disbursement
White House Airlift Airfare

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8854

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

2504.47

Purpose of Disbursement
White House Airlift Airfare

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3079.58

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8855

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

2706.45

Purpose of Disbursement
White House Airlift Airfare

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8856

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

265.28

Purpose of Disbursement
White House Airlift Helo

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address Eisenhower Executive Office Bldg
Room 25

Transaction ID : SB21B-8857

City Washington State DC Zip Code 20502

Amount of Each Disbursement this Period

245.23

Purpose of Disbursement
White House Airlift Helo

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3216.96

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Helo

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8858

Amount of Each Disbursement this Period

110.83

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8859

Amount of Each Disbursement this Period

1171.60

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8860

Amount of Each Disbursement this Period

1989.84

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3272.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Helo

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : **SB21B-8861**

Amount of Each Disbursement this Period

1179.00

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : **SB21B-8862**

Amount of Each Disbursement this Period

6.33

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : **SB21B-8863**

Amount of Each Disbursement this Period

34.18

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1219.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8864

Amount of Each Disbursement this Period

2417.68

Category/
Type

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8865

Amount of Each Disbursement this Period

449.80

Category/
Type

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB21B-8866

Amount of Each Disbursement this Period

6159.72

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9027.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Scott Alston

Mailing Address 409 W. Ellet Street

City Philadelphia State PA Zip Code 19119

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B-8868

Amount of Each Disbursement this Period

42.00

Full Name (Last, First, Middle Initial)

B. Eric D. Couto

Mailing Address 1829 E. Lake Bluff Blvd

City Shorewood State WI Zip Code 53211

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B-8869

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Eric D. Couto

Mailing Address 1829 E. Lake Bluff Blvd

City Shorewood State WI Zip Code 53211

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B-8870

Amount of Each Disbursement this Period

127.93

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

919.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Eric D. Couto

Mailing Address 1829 E. Lake Bluff Blvd

City Shorewood State WI Zip Code 53211

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2015

Transaction ID : SB21B-8871

Amount of Each Disbursement this Period

18.00

Full Name (Last, First, Middle Initial)

B. David Cusack

Mailing Address 1457 High Street

City Westwood State MA Zip Code 02090

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2015

Transaction ID : SB21B-8872

Amount of Each Disbursement this Period

124.61

Full Name (Last, First, Middle Initial)

C. Frederick B. Fitzpatrick

Mailing Address 4006-A Maplewood Avenue

City Austin State TX Zip Code 78722

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2015

Transaction ID : SB21B-8873

Amount of Each Disbursement this Period

875.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1017.61

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Frederick B. Fitzpatrick

Mailing Address 4006-A Maplewood Avenue

City Austin State TX Zip Code 78722

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B-8874

Amount of Each Disbursement this Period

47.00

Full Name (Last, First, Middle Initial)

B. Frederick B. Fitzpatrick

Mailing Address 4006-A Maplewood Avenue

City Austin State TX Zip Code 78722

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B-8875

Amount of Each Disbursement this Period

76.30

Full Name (Last, First, Middle Initial)

C. Hailey M. Floyd

Mailing Address 2035 Whippoorwill Way

City Conyers State GA Zip Code 30094

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B-8876

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

148.30

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Hailey M. Floyd

Mailing Address 2035 Whippoorwill Way

City Conyers State GA Zip Code 30094

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B-8877

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. Hailey M. Floyd

Mailing Address 2035 Whippoorwill Way

City Conyers State GA Zip Code 30094

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B-8878

Amount of Each Disbursement this Period

48.60

Full Name (Last, First, Middle Initial)

C. Brian Gallagher

Mailing Address 2153 Easthill Avenue

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B-8879

Amount of Each Disbursement this Period

42.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

965.60

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Mary Guido

Mailing Address 7128 Ashlawn Drive

City Brecksville State OH Zip Code 44141

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B-8880

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. Mary Guido

Mailing Address 7128 Ashlawn Drive

City Brecksville State OH Zip Code 44141

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B-8881

Amount of Each Disbursement this Period

16.56

Full Name (Last, First, Middle Initial)

C. Mary Guido

Mailing Address 7128 Ashlawn Drive

City Brecksville State OH Zip Code 44141

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B-8882

Amount of Each Disbursement this Period

48.97

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

940.53

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Brook E. Hefner

Mailing Address 3924 South Sycamore Avenue

City Los Angeles State CA Zip Code 90008

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B-8883

Amount of Each Disbursement this Period

50.49

Full Name (Last, First, Middle Initial)

B. Roger Lau

Mailing Address 8 Pembroke Court

City Somerville State MA Zip Code 02145

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B-8884

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Roger Lau

Mailing Address 8 Pembroke Court

City Somerville State MA Zip Code 02145

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B-8885

Amount of Each Disbursement this Period

83.16

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1008.65

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tyler Mounsey

Mailing Address 150 W. 9th Ave, #1208

City State Zip Code
Denver CO 80204

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B-8886

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. Sean O'Brien

Mailing Address 311 11th Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B-8887

Amount of Each Disbursement this Period

42.07

Full Name (Last, First, Middle Initial)

C. Sean O'Brien

Mailing Address 311 11th Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB21B-8888

Amount of Each Disbursement this Period

110.58

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1027.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Justin B. Prelogar

Mailing Address 9935 Lee Circle

City Leawood State KS Zip Code 66206

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : SB21B-8889

Amount of Each Disbursement this Period

1	9	.	2	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Justin B. Prelogar

Mailing Address 9935 Lee Circle

City Leawood State KS Zip Code 66206

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : SB21B-8890

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Justin B. Prelogar

Mailing Address 9935 Lee Circle

City Leawood State KS Zip Code 66206

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : SB21B-8891

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	6	9	.	2	6
---	---	---	---	---	---	---

1	0	6	9	.	2	6
---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Justin B. Prelogar

Mailing Address 9935 Lee Circle

City Leawood State KS Zip Code 66206

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : SB21B-8892

Amount of Each Disbursement this Period

2	0	.	0	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Justin B. Prelogar

Mailing Address 9935 Lee Circle

City Leawood State KS Zip Code 66206

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : SB21B-8893

Amount of Each Disbursement this Period

2	8	.	5	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colby Redmond

Mailing Address PO Box 912

City Pacifica State CA Zip Code 94044

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : SB21B-8894

Amount of Each Disbursement this Period

4	2	.	0	0
---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

9	0	.	5	2
---	---	---	---	---

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

9	0	.	5	2
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Colby Redmond

Mailing Address PO Box 912

City State Zip Code
Pacifica CA 94044

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : SB21B-8895

Amount of Each Disbursement this Period

2	.	5	0
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Evan Schlom

Mailing Address 2201 N Street, NW, Apt 304

City State Zip Code
Washington DC 20037

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : SB21B-8896

Amount of Each Disbursement this Period

2	5	3	.	8	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Amanda Schoultz

Mailing Address 2845 Syracuse Street, #3

City State Zip Code
Denver CO 80238

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	5

Transaction ID : SB21B-8897

Amount of Each Disbursement this Period

4	4	.	5	5
---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	.	8	8
---	---	---	---	---	---

3	0	0	.	8	8
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Kate Schriver

Mailing Address PO Box 578

City Wilmette State IL Zip Code 60091

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	2		2	0	1	5		

Transaction ID : SB21B-8898

Amount of Each Disbursement this Period

2	9	9	7
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ariel Vega

Mailing Address 209 Lexington Street

City Boston State MA Zip Code 02128

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	2		2	0	1	5		

Transaction ID : SB21B-8899

Amount of Each Disbursement this Period

1	2	4	6
---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	2	4	5	8
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3	0	1	7	2	2	0	6
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