

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Committee for a Democratic Future

ADDRESS (number and street) 25 Roydon Road
 Check if different than previously reported. (ACC)
New Haven CT 06511

2. **FEC IDENTIFICATION NUMBER** C00370122
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gerald T. Weiner

Signature of Treasurer Electronically Filed by Mr. Gerald T. Weiner Date 01 29 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Committee for a Democratic Future

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		39346.92
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	38981.76									
(c) Total Receipts (from Line 19)	19250.00	67750.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58231.76	107096.92								
7. Total Disbursements (from Line 31)	41657.65	90522.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16574.11	16574.11								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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**

Write or Type Committee Name
Committee for a Democratic Future

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	1750.00	39000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	1750.00	39000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	17500.00	28750.00
(c) Other Political Committees (such as PACs)	19250.00	67750.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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 Transfer (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))	19250.00	67750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19250.00	67750.00

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) Shared 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.....	36657.65	80522.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	36657.65	80522.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	5000.00	5000.00
(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)).....	5000.00	5000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	41657.65	90522.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41657.65	90522.81

DETAILED SUMMARY PAGE
of Disbursements

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	19250.00	67750.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14250.00	62750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36657.65	80522.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36657.65	80522.81

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)
Kim Bayliss

Mailing Address 3214 Klingle Rd NW

City State Zip Code
Washington CT 20008

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

Name of Employer Occupation
Dutko Worldwide Managing Principal

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.7469

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Hein Hettinga

Mailing Address 17094 Cucamonga Ave

City State Zip Code
Corona CA 92880

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

Name of Employer Occupation
Hettinga Dairy Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.7382

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Sally Painter

Mailing Address 6522 Western Ave

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Dutko Worldwide Managing Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.7421

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial) American Federaton of Teachers COPE		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	7	/	2	0	0	7													
Mailing Address 555 New Jersey Ave NW		Transaction ID: SA11C.7450																				
City Washington	State DC	Zip Code 20001																				
FEC ID number of contributing federal political committee. C C00028860		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>5000.00</td></tr> </table>	5000.00																			
5000.00																						
Name of Employer	Occupation																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>5000.00</td></tr> </table>		5000.00																			
5000.00																						

B.

Full Name (Last, First, Middle Initial) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	3	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	3	0	/	2	0	0	7													
Mailing Address 900 Seventh Street NW		Transaction ID: SA11C.7384																				
City WASHINGTON	State DC	Zip Code 20001																				
FEC ID number of contributing federal political committee. C C00027342		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>2500.00</td></tr> </table>	2500.00																			
2500.00																						
Name of Employer	Occupation																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>5000.00</td></tr> </table>		5000.00																			
5000.00																						

C.

Full Name (Last, First, Middle Initial) Political Action Committee of the American Assoc. of Orthopaedic Surgeons		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	3	1	/	2	0	0	7													
Mailing Address 317 Massachussetts Ave NE		Transaction ID: SA11C.7476																				
City Washington	State DC	Zip Code 20002																				
FEC ID number of contributing federal political committee. C C00343137		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>5000.00</td></tr> </table>	5000.00																			
5000.00																						
Name of Employer	Occupation																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>5000.00</td></tr> </table>		5000.00																			
5000.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"> <tr><td>12500.00</td></tr> </table>	12500.00
12500.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 31
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Unite Here Tip Campaign Committee		Date of Receipt
	Mailing Address 275 7th Ave		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	New York	NY	10001
	FEC ID number of contributing federal political committee.		<input type="text" value="C00004861"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Transaction ID: SA11C.7416
			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="17500.00"/>

**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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7370 Date of Disbursement 07 / 25 / 2007
	Mailing Address P.O. Box 1270	Amount of Each Disbursement this Period 788.74
	City Newark State NJ Zip Code 07101	
	Purpose of Disbursement Credit Card: See below	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Curious Grape	Transaction ID: SB21B.7370.0 Date of Disbursement 07 / 25 / 2007
	Mailing Address 4056 S 29th Street	Amount of Each Disbursement this Period 788.74
	City Arlington State VA Zip Code 22206	
	Purpose of Disbursement Catering	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7388 Date of Disbursement 08 / 09 / 2007
	Mailing Address P.O. Box 1270	Amount of Each Disbursement this Period 245.86
	City Newark State NJ Zip Code 07101	
	Purpose of Disbursement Credit Card: See below	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1034.60
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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.7388.0 Date of Disbursement 08 / 09 / 2007
	Mailing Address 80 Boston Post Road	Amount of Each Disbursement this Period 245.86
	City Orange State CT Zip Code 06477	
	Purpose of Disbursement Office Supplies	[MEMO ITEM]
	Candidate Name	
	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:	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7452 Date of Disbursement 12 / 04 / 2007
	Mailing Address P.O. Box 1270	Amount of Each Disbursement this Period 388.80
	City Newark State NJ Zip Code 07101	
	Purpose of Disbursement Credit card: see below	[MEMO ITEM]
	Candidate Name	
	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:	

C.	Full Name (Last, First, Middle Initial) Crystal Classic Coach	Transaction ID: SB21B.7452.0 Date of Disbursement 12 / 04 / 2007
	Mailing Address 4921 Seminary Rd	Amount of Each Disbursement this Period 388.80
	City Alexandria State VA Zip Code 22311	
	Purpose of Disbursement Travel	[MEMO ITEM]
	Candidate Name	
	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)	▶	388.80
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)

PAGE 11 / 31

<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)
Committee for a Democratic Future

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Federal Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7367</p> <p>Date of Disbursement 07 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 233.28</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Federal Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7397</p> <p>Date of Disbursement 08 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 463.36</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Federal Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7408</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 385.82</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1082.46

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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 209 Church Street City New Haven State CT Zip Code 06510 Purpose of Disbursement Federal Withholding Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7429 Date of Disbursement 10 / 16 / 2007	Amount of Each Disbursement this Period 266.88
B.	Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 209 Church Street City New Haven State CT Zip Code 06510 Purpose of Disbursement Federal Unemployment Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7433 Date of Disbursement 10 / 24 / 2007	Amount of Each Disbursement this Period 1.54
C.	Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 209 Church Street City New Haven State CT Zip Code 06510 Purpose of Disbursement Federal Withholding Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7445 Date of Disbursement 11 / 16 / 2007	Amount of Each Disbursement this Period 300.50

SUBTOTAL of Disbursements This Page (optional) ▶	568.92
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)

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<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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.7463 Date of Disbursement
	Mailing Address 209 Church Street	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City New Haven State CT Zip Code 06510	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Withholding Tax	<input type="text" value="286.62"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.7466 Date of Disbursement
	Mailing Address 209 Church Street	<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City New Haven State CT Zip Code 06510	Amount of Each Disbursement this Period
	Purpose of Disbursement Federal Unemployment Tax	<input type="text" value="1.31"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Commissioner of Revenue Services	Transaction ID: SB21B.7368 Date of Disbursement
	Mailing Address PO Box 2931	<input type="text" value="07"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Hartford State CT Zip Code 06104	Amount of Each Disbursement this Period
	Purpose of Disbursement CT State Withholding Tax	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="312.93"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Commissioner of Revenue Services	Transaction ID: SB21B.7398 Date of Disbursement																			
	Mailing Address PO Box 2931	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	7													
	City Hartford State CT Zip Code 06104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CT Withholding Tax	<table border="1"><tr><td>140.00</td></tr></table>	140.00																		
140.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Commissioner of Revenue Services	Transaction ID: SB21B.7409 Date of Disbursement																			
	Mailing Address PO Box 2931	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	7		2	0	7													
	City Hartford State CT Zip Code 06104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Ct Withholding Tax	<table border="1"><tr><td>60.00</td></tr></table>	60.00																		
60.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Commissioner of Revenue Services	Transaction ID: SB21B.7430 Date of Disbursement																			
	Mailing Address PO Box 2931	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	7													
	City Hartford State CT Zip Code 06104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Ct Withholding Tax	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>250.00</td></tr></table>	250.00
250.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)
Commissioner of Revenue Services

Transaction ID: SB21B.7446

Date of Disbursement

Mailing Address PO Box 2931

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	7

City Hartford State CT Zip Code 06104

Amount of Each Disbursement this Period

55.00

Purpose of Disbursement
CT Withholding Tax

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Commissioner of Revenue Services

Transaction ID: SB21B.7464

Date of Disbursement

Mailing Address PO Box 2931

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	7

City Hartford State CT Zip Code 06104

Amount of Each Disbursement this Period

55.00

Purpose of Disbursement
Ct State Withholding Tax

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
D.C. Treasurer

Transaction ID: SB21B.7369

Date of Disbursement

Mailing Address Ben Franklin Station
P.O. Box 7792

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	7

City Washington State DC Zip Code 20044-7792

Amount of Each Disbursement this Period

29.79

Purpose of Disbursement
DC Withholding Tax

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

139.79

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)

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<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)
Committee for a Democratic Future

<p>A. Full Name (Last, First, Middle Initial) D.C. Treasurer</p> <p>Mailing Address Ben Franklin Station P.O. Box 7792</p> <p>City Washington State DC Zip Code 20044-7792</p> <p>Purpose of Disbursement DC Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7399</p> <p>Date of Disbursement 08 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 29.79</p>
<p>B. Full Name (Last, First, Middle Initial) D.C. Treasurer</p> <p>Mailing Address Ben Franklin Station P.O. Box 7792</p> <p>City Washington State DC Zip Code 20044-7792</p> <p>Purpose of Disbursement DC Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7410</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 29.79</p>
<p>C. Full Name (Last, First, Middle Initial) D.C. Treasurer</p> <p>Mailing Address Ben Franklin Station P.O. Box 7792</p> <p>City Washington State DC Zip Code 20044-7792</p> <p>Purpose of Disbursement DC Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7431</p> <p>Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 29.79</p>

SUBTOTAL of Disbursements This Page (optional)	89.37
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)

PAGE 17 / 31

<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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) D.C. Treasurer	Transaction ID: SB21B.7447 Date of Disbursement																			
	Mailing Address Ben Franklin Station P.O. Box 7792	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	0	7												
	City Washington State DC Zip Code 20044-7792	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DC Withholding Tax	<table border="1"><tr><td>29.79</td></tr></table>	29.79																		
29.79																					
	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:																				

B.	Full Name (Last, First, Middle Initial) D.C. Treasurer	Transaction ID: SB21B.7465 Date of Disbursement																			
	Mailing Address Ben Franklin Station P.O. Box 7792	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	7												
	City Washington State DC Zip Code 20044-7792	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DC Withholding Tax	<table border="1"><tr><td>29.79</td></tr></table>	29.79																		
29.79																					
	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:																				

C.	Full Name (Last, First, Middle Initial) Federal City Caterers	Transaction ID: SB21B.7373 Date of Disbursement																			
	Mailing Address 1119 12th Street NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	5		2	0	0	7												
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Catering	<table border="1"><tr><td>2760.65</td></tr></table>	2760.65																		
2760.65																					
	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)	<table border="1"><tr><td>2820.23</td></tr></table>	2820.23
2820.23		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)
Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)
Federal City Caterers

Transaction ID: SB21B.7377
Date of Disbursement

Mailing Address 1119 12th Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	7

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Catering

--

4046.30

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Federal City Caterers

Transaction ID: SB21B.7390
Date of Disbursement

Mailing Address 1119 12th Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Catering

--

2236.92

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Federal City Caterers

Transaction ID: SB21B.7411
Date of Disbursement

Mailing Address 1119 12th Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Catering

--

2515.02

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

8798.24

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)

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<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)
Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)
Federal City Caterers

Mailing Address 1119 12th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7428
Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

2426.16

B.

Full Name (Last, First, Middle Initial)
Federal City Caterers

Mailing Address 1119 12th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7435
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

2680.43

C.

Full Name (Last, First, Middle Initial)
Federal City Caterers

Mailing Address 1119 12th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7440
Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

6088.54

SUBTOTAL of Disbursements This Page (optional) ▶

11195.13

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)

PAGE 20 / 31

<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)
Committee for a Democratic Future

<p>A. Full Name (Last, First, Middle Initial) Federal City Caterers</p> <p>Mailing Address 1119 12th Street NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7460</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2432.95"/></p>
<p>B. Full Name (Last, First, Middle Initial) Fraioli & Associates</p> <p>Mailing Address 80 F Street Suite 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7376</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.68"/></p>
<p>C. Full Name (Last, First, Middle Initial) Fraioli & Associates</p> <p>Mailing Address 80 F Street Suite 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Fundraising Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7391</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2956.63"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

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<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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Fraiori & Associates	Transaction ID: SB21B.7392 Date of Disbursement 08 / 09 / 2007
	Mailing Address 80 F Street Suite 804	Amount of Each Disbursement this Period 36.05
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Postage	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Fraiori & Associates	Transaction ID: SB21B.7403 Date of Disbursement 09 / 11 / 2007
	Mailing Address 80 F Street Suite 804	Amount of Each Disbursement this Period 488.69
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraising Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Fraiori & Associates	Transaction ID: SB21B.7423 Date of Disbursement 10 / 01 / 2007
	Mailing Address 80 F Street Suite 804	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraising Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1024.74
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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Fraioli & Associates	Transaction ID: SB21B.7436 Date of Disbursement
	Mailing Address 80 F Street Suite 804	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Fee	<input type="text" value="500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Fraioli & Associates	Transaction ID: SB21B.7458 Date of Disbursement
	Mailing Address 80 F Street Suite 804	<input type="text" value="12"/> <input type="text" value="04"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Fee	<input type="text" value="500.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bryan Hair	Transaction ID: SB21B.7365 Date of Disbursement
	Mailing Address 79 JFK Street	<input type="text" value="07"/> <input type="text" value="18"/> / <input type="text" value="2007"/>
	City Cambridge State MA Zip Code 02138	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Reimbursement	<input type="text" value="937.84"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1937.84"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Marla's Magic <hr/> Mailing Address 1004 Highland Drive <hr/> City Silver Spring State MD Zip Code 20910 <hr/> Purpose of Disbursement Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7441 Date of Disbursement 11 / 14 / 2007 <hr/> Amount of Each Disbursement this Period 578.25
B.	Full Name (Last, First, Middle Initial) Schneider's of Capitol Hill <hr/> Mailing Address 300 Massachusetts Ave, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Wine Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7374 Date of Disbursement 07 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 228.77
C.	Full Name (Last, First, Middle Initial) Schneider's of Capitol Hill <hr/> Mailing Address 300 Massachusetts Ave, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Wine Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7393 Date of Disbursement 08 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 156.83

SUBTOTAL of Disbursements This Page (optional) ▶

963.85

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)

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<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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Schneider's of Capitol Hill	Transaction ID: SB21B.7412 Date of Disbursement
	Mailing Address 300 Massachusetts Ave, NE	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Wine	<input type="text" value="297.96"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Schneider's of Capitol Hill	Transaction ID: SB21B.7442 Date of Disbursement
	Mailing Address 300 Massachusetts Ave, NE	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Wine	<input type="text" value="156.83"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation	Transaction ID: SB21B.7387 Date of Disbursement
	Mailing Address 12 Trumbull Street	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="62.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="517.29"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 25 / 31

<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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation	Transaction ID: SB21B.7401 Date of Disbursement
	Mailing Address 12 Trumbull Street	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="62.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation	Transaction ID: SB21B.7424 Date of Disbursement
	Mailing Address 12 Trumbull Street	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="62.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation	Transaction ID: SB21B.7438 Date of Disbursement
	Mailing Address 12 Trumbull Street	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City New Haven State CT Zip Code 06511	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="62.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="187.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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)
Committee for a Democratic Future

<p>A. Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7459</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="62.50"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mrs. Cathy S Weber</p> <p>Mailing Address 50 Daisy Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7422</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2.73"/></p>
<p>C. Full Name (Last, First, Middle Initial) Mrs. Cathy S Weber</p> <p>Mailing Address 50 Daisy Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7427</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.11"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="68.34"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

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<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)
Committee for a Democratic Future

A. Full Name (Last, First, Middle Initial) Mrs. Cathy S Weber <hr/> Mailing Address 50 Daisy Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7439 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7
	Amount of Each Disbursement this Period 24.67
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Cathy S Weber <hr/> Mailing Address 50 Daisy Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7443 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
	Amount of Each Disbursement this Period 3.11
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mrs. Cathy S Weber <hr/> Mailing Address 50 Daisy Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7451 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 3.11
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

30.89

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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Mrs. Cathy S Weber	Transaction ID: SB21B.7462 Date of Disbursement 12 / 17 / 2007
	Mailing Address 50 Daisy Street	Amount of Each Disbursement this Period 5.36
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms Jasmine Zamani	Transaction ID: SB21B.7362 Date of Disbursement 07 / 16 / 2007
	Mailing Address 1300 N Street NW #607	Amount of Each Disbursement this Period 205.93
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms Jasmine Zamani	Transaction ID: SB21B.7375 Date of Disbursement 07 / 25 / 2007
	Mailing Address 1300 N Street NW #607	Amount of Each Disbursement this Period 90.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Catering Reimbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	301.29
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)

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<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)
Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)
Ms Jasmine Zamani

Transaction ID: SB21B.7394
Date of Disbursement

Mailing Address 1300 N Street NW #607

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	7

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll

--

205.93

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Ms Jasmine Zamani

Transaction ID: SB21B.7406
Date of Disbursement

Mailing Address 1300 N Street NW #607

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	7

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll

--

205.93

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Ms Jasmine Zamani

Transaction ID: SB21B.7425
Date of Disbursement

Mailing Address 1300 N Street NW #607

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	7

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel Reimbursement

--

641.01

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1052.87

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)

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<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)
Committee for a Democratic Future

<p>A. Full Name (Last, First, Middle Initial) Ms Jasmine Zamani</p> <p>Mailing Address 1300 N Street NW #607</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7426</p> <p>Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 205.93</p>
<p>B. Full Name (Last, First, Middle Initial) Ms Jasmine Zamani</p> <p>Mailing Address 1300 N Street NW #607</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7444</p> <p>Date of Disbursement 11 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 205.93</p>
<p>C. Full Name (Last, First, Middle Initial) Ms Jasmine Zamani</p> <p>Mailing Address 1300 N Street NW #607</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7461</p> <p>Date of Disbursement 12 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 205.93</p>

SUBTOTAL of Disbursements This Page (optional) ▶

617.79

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

36339.50

**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)

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<input 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 checked="" 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)
Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)
Mr. Dominic Ruscio

Transaction ID: SB28A.7381

Date of Disbursement

Mailing Address 6100 Westchester Park Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

City State Zip Code
College Park MD 20740

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund of Excess Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00
