

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 Association of State Democratic Chairs

ADDRESS (number and street) 430 S. Capitol Street SE Washington DC 20003 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00259481 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2007 through 09 30 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 Ann Fishman Signature of Treasurer Electronically Filed by Ann Fishman Date 10 19 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Association of State Democratic Chairs

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

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		28864.46
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	53858.52									
(c) Total Receipts (from Line 19)	4278.77	125493.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58137.29	154357.48								
7. Total Disbursements (from Line 31)	25403.72	121623.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32733.57	32733.57								
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
Association of State Democratic Chairs

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

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	0.00	0.00
(i) Itemized (use Schedule A)	0.00	1000.00
(ii) Unitemized	0.00	1000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	1000.00
(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	1000.00
12. Transfers From Affiliated/Other Party Committees	3250.00	123464.25
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)	1028.77	1028.77
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))	4278.77	125493.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4278.77	125493.02

DETAILED SUMMARY PAGE

of Disbursements

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.....	25403.72	121623.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	25403.72	121623.91
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 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	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) 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))..	25403.72	121623.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25403.72	121623.91

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)	0.00	1000.00
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	1000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25403.72	121623.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	1028.77	1028.77
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24374.95	120595.14

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 32
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
Association of State Democratic Chairs

A. Full Name (Last, First, Middle Initial)
Puerto Rico Democratic Party

Mailing Address 53 Palmeras St., Ste. 801

City	State	Zip Code
San Juan	PR	00901

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	7

Transaction ID: 12-01-01921-03393

Amount of Each Receipt this Period
850.00

Transfer

B. Full Name (Last, First, Middle Initial)
Arizona Democratic Party

Mailing Address 1329 2910 North Central Ave.

City	State	Zip Code
Phoenix	AZ	85012

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

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

Transaction ID: 12-01-01924-03452

Amount of Each Receipt this Period
2400.00

Transfer

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	3250.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 32
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Association of State Democratic Chairs

A. Full Name (Last, First, Middle Initial)
Annapolis Historic

Mailing Address 18 Pinkney St

City State Zip Code
Annapolis MD 21401

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1028.77

Date of Receipt

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

Transaction ID: 15-00-00001-00001

Amount of Each Receipt this Period
1028.77

Vendor Refund

SUBTOTAL of Receipts This Page (optional)	▶	1028.77
TOTAL This Period (last page this line number only)	▶	1028.77

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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Detroit Metro McNama Parking		Transaction ID: 21b-00-00008-00008 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7	
Mailing Address Detroit Metro Airport		Amount of Each Disbursement this Period 51.00	
City Detroit State MI Zip Code 48174	Purpose of Disbursement Parking Candidate Name Category/Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 21b-00-00010-00010 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 260.80	
City Chicago State IL Zip Code 60666	Purpose of Disbursement Airfare Candidate Name Category/Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 21b-00-00011-00011 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7	
Mailing Address PO Box 114		Amount of Each Disbursement this Period 14.99	
City Newark State NJ Zip Code 07101-0114	Purpose of Disbursement Airfare Insurance Candidate Name Category/Type	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	326.79
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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Perkins Coie LLP		Transaction ID: 21b-01-01917-03389 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 3300.00
City Seattle State WA Zip Code 98101-3099	Purpose of Disbursement Legal Fees	
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. Sprint PCS		Transaction ID: 21b-01-01918-03390 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address PO Box 62071		Amount of Each Disbursement this Period 137.64
City Baltimore State MD Zip Code 21264-2071	Purpose of Disbursement Telephone	
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. Nexus Strategies, Inc		Transaction ID: 21b-01-01919-03391 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address 434 Fayetteville Street Suite 2020		Amount of Each Disbursement this Period 5176.11
City Raleigh State NC Zip Code 27601	Purpose of Disbursement General Consultant	
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) ▶	8613.75
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 21b-01-01920-0000
Mailing Address PO Box 114		Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
City Newark	State NJ	Zip Code 07101-0114
Purpose of Disbursement See Memo Items	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 9477.29	

Full Name (Last, First, Middle Initial) B. The Fort		Transaction ID: 21b-01-01920-03446
Mailing Address 19192 Highway 8		Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
City Morrison	State CO	Zip Code 80465
Purpose of Disbursement Meals	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 52.98	
[MEMO ITEM]		

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 21b-01-01920-03424
Mailing Address 100 South 7th Street		Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
City Minneapolis	State MN	Zip Code 55402
Purpose of Disbursement Airfare	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 270.42	
[MEMO ITEM]		

SUBTOTAL of Disbursements This Page (optional)	9477.29
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)

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 21b-01-01920-03419 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address PO Box 114		Amount of Each Disbursement this Period 14.99
City Newark State NJ Zip Code 07101-0114	[MEMO ITEM]	
Purpose of Disbursement Airfare Insurance 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) ▼

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 21b-01-01920-03420 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address PO Box 114		Amount of Each Disbursement this Period 14.99
City Newark State NJ Zip Code 07101-0114	[MEMO ITEM]	
Purpose of Disbursement Airfare Insurance 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) ▼

Full Name (Last, First, Middle Initial) C. Continental Airlines		Transaction ID: 21b-01-01920-03421 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address PO Box 4607		Amount of Each Disbursement this Period 100.00
City Houston State TX Zip Code 77210-4607	[MEMO ITEM]	
Purpose of Disbursement Airfare 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) ▶	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)

PAGE 12 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Orbitz.com		Transaction ID: 21b-01-01920-03422 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2007	
Mailing Address 1961 Premeir Drive, Suite 150		Amount of Each Disbursement this Period 30.00	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Airfare Insurance 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) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: 21b-01-01920-03423 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2007	
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 305.10	
City Chicago State IL Zip Code 60666	Purpose of Disbursement Airfare 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) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Orbitz.com		Transaction ID: 21b-01-01920-03418 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2007	
Mailing Address 1961 Premeir Drive, Suite 150		Amount of Each Disbursement this Period 6.99	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Airfare Insurance 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) ▼		

[MEMO ITEM]

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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Orbitz.com		Transaction ID: 21b-01-01920-03425 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2007
Mailing Address 1961 Premeir Drive, Suite 150		Amount of Each Disbursement this Period 6.99
City Mankato State MN Zip Code 56001	Purpose of Disbursement Airfare Insurance 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) ▼

Full Name (Last, First, Middle Initial) B. Orbitz.com		Transaction ID: 21b-01-01920-03426 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2007
Mailing Address 1961 Premeir Drive, Suite 150		Amount of Each Disbursement this Period 5.99
City Mankato State MN Zip Code 56001	Purpose of Disbursement Airfare Insurance 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) ▼

Full Name (Last, First, Middle Initial) C. Northwest Airlines		Transaction ID: 21b-01-01920-03417 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2007
Mailing Address 100 South 7th Street		Amount of Each Disbursement this Period 458.31
City Minneapolis State MN Zip Code 55402	Purpose of Disbursement Airfare 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) ▶	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)

PAGE 14 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Las Delicias		Transaction ID: 21b-01-01920-03445 Date of Disbursement 09 / 03 / 2007
Mailing Address 439 E 19th Ave		Amount of Each Disbursement this Period 39.49
City Denver State CO Zip Code 80203	[MEMO ITEM]	
Purpose of Disbursement Meals 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) ▼	

Full Name (Last, First, Middle Initial) B. Hertz Car Rental		Transaction ID: 21b-01-01920-03412 Date of Disbursement 09 / 03 / 2007
Mailing Address 225 Brae Boulevard		Amount of Each Disbursement this Period 200.27
City Park Ridge State NJ Zip Code 07656-0713	[MEMO ITEM]	
Purpose of Disbursement Car Rental 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) ▼	

Full Name (Last, First, Middle Initial) C. Inverness Hotel and Conference Center		Transaction ID: 21b-01-01920-03447 Date of Disbursement 09 / 03 / 2007
Mailing Address 200 Inverness Dr. W		Amount of Each Disbursement this Period 554.08
City Englewood State CO Zip Code 80112	[MEMO ITEM]	
Purpose of Disbursement Lodging 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) ▶	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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 21b-01-01920-03448 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City Chicago State IL Zip Code 60666		
Purpose of Disbursement Airfare 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) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 21b-01-01920-03427 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address PO Box 114		Amount of Each Disbursement this Period 14.99 [MEMO ITEM]
City Newark State NJ Zip Code 07101-0114		
Purpose of Disbursement Airfare Insurance 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) ▼	

Full Name (Last, First, Middle Initial) C. American Flatbread		Transaction ID: 21b-01-01920-03407 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address 115 Saint Paul St.		Amount of Each Disbursement this Period 37.17 [MEMO ITEM]
City Burlington State VT Zip Code 05401		
Purpose of Disbursement Meals 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) ▶	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)

PAGE 16 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Midwest Airlines		Transaction ID: 21b-01-01920-03399 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 264.83
City Oak Creek State WI Zip Code 53154	[MEMO ITEM]	
Purpose of Disbursement Airfare 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) ▼

Full Name (Last, First, Middle Initial) B. Midwest Airlines		Transaction ID: 21b-01-01920-03400 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 264.83
City Oak Creek State WI Zip Code 53154	[MEMO ITEM]	
Purpose of Disbursement Airfare 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) ▼

Full Name (Last, First, Middle Initial) C. Sheraton Hotels		Transaction ID: 21b-01-01920-03401 Date of Disbursement MM / DD / YYYY 09 / 03 / 2007
Mailing Address 41 South Salisbury Street		Amount of Each Disbursement this Period 1500.00
City Raleigh State NC Zip Code 27601	[MEMO ITEM]	
Purpose of Disbursement Lodging 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) ▶	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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 21b-01-01920-03402 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address PO Box 114		Amount of Each Disbursement this Period 14.99 [MEMO ITEM]
City Newark State NJ Zip Code 07101-0114		
Purpose of Disbursement Airfare Insurance 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) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 21b-01-01920-03403 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7	
Mailing Address PO Box 114		Amount of Each Disbursement this Period 14.99 [MEMO ITEM]	
City Newark State NJ Zip Code 07101-0114			
Purpose of Disbursement Airfare Insurance 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) ▼

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 21b-01-01920-03404 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7	
Mailing Address PO Box 114		Amount of Each Disbursement this Period 14.99 [MEMO ITEM]	
City Newark State NJ Zip Code 07101-0114			
Purpose of Disbursement Airfare Insurance 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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Inverness Hotel and Conference Center		Transaction ID: 21b-01-01920-03414 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address 200 Inverness Dr. W		Amount of Each Disbursement this Period 422.23
City Englewood State CO Zip Code 80112	[MEMO ITEM]	
Purpose of Disbursement Lodging Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Legal Seafood		Transaction ID: 21b-01-01920-03406 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address One Seafood Way		Amount of Each Disbursement this Period 86.54
City Boston State MA Zip Code 02210	[MEMO ITEM]	
Purpose of Disbursement Meals Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Orbitz.com		Transaction ID: 21b-01-01920-03416 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address 1961 Premeir Drive, Suite 150		Amount of Each Disbursement this Period 4.99
City Mankato State MN Zip Code 56001	[MEMO ITEM]	
Purpose of Disbursement Airfare Insurance Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 32

<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)
Association of State Democratic Chairs

A. Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services		Transaction ID: 21b-01-01920-03408 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address 1155 Connecticut Avenue,NW		Amount of Each Disbursement this Period 80.00
City Washington State DC Zip Code 20036	[MEMO ITEM]	
Purpose of Disbursement Taxi Cab		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) Hilton		Transaction ID: 21b-01-01920-03409 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address 60 Battery St.		Amount of Each Disbursement this Period 665.89
City Burlington State VT Zip Code 05401	[MEMO ITEM]	
Purpose of Disbursement Lodging		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) Hilton		Transaction ID: 21b-01-01920-03410 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address 60 Battery St.		Amount of Each Disbursement this Period 441.78
City Burlington State VT Zip Code 05401	[MEMO ITEM]	
Purpose of Disbursement Lodging		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) ▶	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:
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PAGE 20 / 32

<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)
Association of State Democratic Chairs

A. Full Name (Last, First, Middle Initial) Adrianas		Transaction ID: 21b-01-01920-03429 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7	
Mailing Address 25 Church St		Amount of Each Disbursement this Period 967.22 [MEMO ITEM]	
City Burlington	State VT		Zip Code 05401
Purpose of Disbursement Meals			Category/ Type
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) Conoco		Transaction ID: 21b-01-01920-03413 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7	
Mailing Address 505 E. Speer Blvd.		Amount of Each Disbursement this Period 20.16 [MEMO ITEM]	
City Denver	State CO		Zip Code 80203
Purpose of Disbursement Fuel			Category/ Type
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) Inverness Hotel and Conference Center		Transaction ID: 21b-01-01920-03449 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7	
Mailing Address 200 Inverness Dr. W		Amount of Each Disbursement this Period 186.34 [MEMO ITEM]	
City Englewood	State CO		Zip Code 80112
Purpose of Disbursement Lodging			Category/ Type
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) ▶	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)

PAGE 21 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 21b-01-01920-03415 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 133.40
City Chicago State IL Zip Code 60666	[MEMO ITEM]	
Purpose of Disbursement Airfare 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) ▼

Full Name (Last, First, Middle Initial) B. Hilton		Transaction ID: 21b-01-01920-03405 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address 939 Ridge Lake Blvd.		Amount of Each Disbursement this Period 141.98
City Memphis State TN Zip Code 38120	[MEMO ITEM]	
Purpose of Disbursement Lodging 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) ▼

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 21b-01-01920-03437 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address PO Box 114		Amount of Each Disbursement this Period 14.99
City Newark State NJ Zip Code 07101-0114	[MEMO ITEM]	
Purpose of Disbursement Airfare Insurance 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) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 22 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Midwest Airlines		Transaction ID: 21b-01-01920-03451 Date of Disbursement 09 / 03 / 2007
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 264.83
City Oak Creek State WI Zip Code 53154	[MEMO ITEM]	
Purpose of Disbursement Airfare Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. James P. Walsh Sedan Services		Transaction ID: 21b-01-01920-03450 Date of Disbursement 09 / 03 / 2007
Mailing Address 1155 Connecticut Avenue,NW		Amount of Each Disbursement this Period 85.00
City Washington State DC Zip Code 20036	[MEMO ITEM]	
Purpose of Disbursement Taxi Cab Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 21b-01-01920-03443 Date of Disbursement 09 / 03 / 2007
Mailing Address PO Box 114		Amount of Each Disbursement this Period -100.00
City Newark State NJ Zip Code 07101-0114	[MEMO ITEM]	
Purpose of Disbursement Card Upgrade Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

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:
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PAGE 23 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Hertz Car Rental		Transaction ID: 21b-01-01920-03442 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address 225 Brae Boulevard		Amount of Each Disbursement this Period -10.01
City Park Ridge	State NJ Zip Code 07656-0713	
Purpose of Disbursement Car Rental Credit		[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:		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 21b-01-01920-03441 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address PO Box 114		Amount of Each Disbursement this Period 35.00
City Newark	State NJ Zip Code 07101-0114	
Purpose of Disbursement Membership Renewal Fee		[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:		

Full Name (Last, First, Middle Initial) C. Dollar Rent a Car		Transaction ID: 21b-01-01920-03440 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 7
Mailing Address 5330 E 31st St.		Amount of Each Disbursement this Period 180.52
City Tulsa	State OK Zip Code 74135-5076	
Purpose of Disbursement Car Rental		[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) ▶	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)

PAGE 24 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Buyscoft.com, Inc		Transaction ID: 21b-01-01920-03438 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2007	
Mailing Address PO Box 16761		Amount of Each Disbursement this Period 207.90	
City Sugarland State TX Zip Code 77496-6761	Purpose of Disbursement Software	Category/ Type	
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:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) B. Orbitz.com		Transaction ID: 21b-01-01920-03436 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2007	
Mailing Address 1961 Premeir Drive, Suite 150		Amount of Each Disbursement this Period 4.99	
City Mankato State MN Zip Code 56001	Purpose of Disbursement Airfare Insurance	Category/ Type	
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:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) C. Continental Airlines		Transaction ID: 21b-01-01920-03435 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2007	
Mailing Address PO Box 4607		Amount of Each Disbursement this Period 256.80	
City Houston State TX Zip Code 77210-4607	Purpose of Disbursement Airfare	Category/ Type	
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:	[MEMO ITEM]		

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)

PAGE 25 / 32

<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)
Association of State Democratic Chairs

A. Full Name (Last, First, Middle Initial)
Inverness Hotel and Conference Center

Mailing Address 200 Inverness Dr. W

City Englewood State CO Zip Code 80112

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-01920-03433
Date of Disbursement

09 / 03 / 2007

Amount of Each Disbursement this Period

352.70

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 114

City Newark State NJ Zip Code 07101-0114

Purpose of Disbursement
Airfare Insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-01920-03432
Date of Disbursement

09 / 03 / 2007

Amount of Each Disbursement this Period

14.99

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Detroit Metro McNama Parking

Mailing Address Detroit Metro Airport

City Detroit State MI Zip Code 48174

Purpose of Disbursement
Parking

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-01920-03431
Date of Disbursement

09 / 03 / 2007

Amount of Each Disbursement this Period

17.00

[MEMO ITEM]

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)

PAGE 26 / 32

<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)
Association of State Democratic Chairs

<p>A. Full Name (Last, First, Middle Initial) Detroit Metro McNama Parking</p>		<p>Transaction ID: 21b-01-01920-03430 Date of Disbursement: <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>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	3		2	0	0	7														
<p>Mailing Address: Detroit Metro Airport</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>37.00</td> </tr> </table> </p>		37.00																			
37.00																							
<p>City: Detroit State: MI Zip Code: 48174</p>	<p>Purpose of Disbursement: Parking</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>[MEMO ITEM]</p>																						

<p>B. Full Name (Last, First, Middle Initial) American Express</p>		<p>Transaction ID: 21b-01-01920-03428 Date of Disbursement: <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>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	3		2	0	0	7														
<p>Mailing Address: PO Box 114</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>14.99</td> </tr> </table> </p>		14.99																			
14.99																							
<p>City: Newark State: NJ Zip Code: 07101-0114</p>	<p>Purpose of Disbursement: Airfare Insurance</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>[MEMO ITEM]</p>																						

<p>C. Full Name (Last, First, Middle Initial) Hilton</p>		<p>Transaction ID: 21b-01-01920-03439 Date of Disbursement: <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>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	3		2	0	0	7														
<p>Mailing Address: 60 Battery St.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>662.67</td> </tr> </table> </p>		662.67																			
662.67																							
<p>City: Burlington State: VT Zip Code: 05401</p>	<p>Purpose of Disbursement: Lodging</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>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) ▼</p>																						
<p>State: District:</p>	<p>[MEMO ITEM]</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</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)

PAGE 27 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Mark Brewer		Transaction ID: 21b-01-01925-03453 Date of Disbursement 09 / 12 / 2007
Mailing Address Michigan Democratic Party 606 Townsend		Amount of Each Disbursement this Period 147.70
City Lansing State MI Zip Code 48933	Purpose of Disbursement Per Diem 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) ▼		

Full Name (Last, First, Middle Initial) B. Geneva C. Jones		Transaction ID: 21b-01-01926-03454 Date of Disbursement 09 / 12 / 2007
Mailing Address 6711 Weston Avenue		Amount of Each Disbursement this Period 100.00
City Capitol Heights State MD Zip Code 20743	Purpose of Disbursement Per Diem 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) ▼		

Full Name (Last, First, Middle Initial) C. Kyle DeBeer		Transaction ID: 21b-01-01927-03455 Date of Disbursement 09 / 12 / 2007
Mailing Address 2779 East 15th Street		Amount of Each Disbursement this Period 100.00
City Casper State WY Zip Code 82609	Purpose of Disbursement Per Diem 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) ▶	347.70
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 28 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Ann Fishman		Transaction ID: 21b-01-01928-03456 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 10212 Windsor View		Amount of Each Disbursement this Period 100.00
City Potomac State MD Zip Code 20854	Category/ Type	
Purpose of Disbursement Per Diem		
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) ▼	

Full Name (Last, First, Middle Initial) B. Midwest Airlines		Transaction ID: 21b-00-00004-00004 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 6744 South Howell Avenue		Amount of Each Disbursement this Period 30.00
City Oak Creek State WI Zip Code 53154	Category/ Type	
Purpose of Disbursement Airfare		
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) ▼	

Full Name (Last, First, Middle Initial) C. James P. Walsh Sedan Services		Transaction ID: 21b-00-00005-00005 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 7
Mailing Address 1155 Connecticut Avenue,NW		Amount of Each Disbursement this Period 70.00
City Washington State DC Zip Code 20036	Category/ Type	
Purpose of Disbursement Transportation		
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) ▶	200.00
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)

PAGE 29 / 32

<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)
Association of State Democratic Chairs

A. Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services		Transaction ID: 21b-00-00006-00006 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 7
Mailing Address 1155 Connecticut Avenue,NW		Amount of Each Disbursement this Period 70.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Transportation 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) ▼	Category/Type

B. Full Name (Last, First, Middle Initial) Detroit Metro McNama Parking		Transaction ID: 21b-00-00009-00009 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address Detroit Metro Airport		Amount of Each Disbursement this Period 52.00
City Detroit State MI Zip Code 48174	Purpose of Disbursement Parking 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) ▼	Category/Type

C. Full Name (Last, First, Middle Initial) Nexus Strategies, Inc		Transaction ID: 21b-01-01929-03457 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 434 Fayetteville Street Suite 2020		Amount of Each Disbursement this Period 4858.84
City Raleigh State NC Zip Code 27601	Purpose of Disbursement General Consultant 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	4980.84
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 30 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial) A. Craig Smith		Transaction ID: 21b-01-01930-03458 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address Penn, Schoen & Berland 1110 Vermont Ave NW Ste 1200		Amount of Each Disbursement this Period 536.84
City Washington State DC Zip Code 20005		
Purpose of Disbursement Per Diem 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) ▼	

Full Name (Last, First, Middle Initial) B. Geneva C. Jones		Transaction ID: 21b-01-01931-03459 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 6711 Weston Avenue		Amount of Each Disbursement this Period 150.00
City Capitol Heights State MD Zip Code 20743		
Purpose of Disbursement Per Diem 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) ▼	

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: 21b-01-01932-03460 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Mailing Address PO Box 62071		Amount of Each Disbursement this Period 131.73
City Baltimore State MD Zip Code 21264-2071		
Purpose of Disbursement Telephone 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) ▶	818.57
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 31 / 32

<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)
Association of State Democratic Chairs

Full Name (Last, First, Middle Initial)
A. Ann Fishman

Mailing Address 10212 Windsor View

City Potomac State MD Zip Code 20854

Purpose of Disbursement
Per Diem

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-01933-03461
Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

24864.94

Form/Schedule: **F3XN**

Transaction ID:

The Committee has very limited administrative expenses because it does not maintain an office or staff. What administrative costs it does incur are primarily, if not exclusively, for travel and meeting expenses. These limited administrative costs are fully disclosed on its reports.