

# 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  
 Check if different than previously reported. (ACC)  
Washington DC 20003

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 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 03 01 2010 through 03 31 2010

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 04 20 2010

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

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee has very limited administrative expenses because it contracts for services and 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.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Association of State Democratic Chairs

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		28771.59
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	32958.22									
(c) Total Receipts (from Line 19) .....	0.00	52446.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	32958.22	81217.62								
7. Total Disbursements (from Line 31) .....	22824.78	71084.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	10133.44	10133.44								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Association of State Democratic Chairs

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	100.00
(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	100.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	51682.78
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	663.25
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)) .....	0.00	52446.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	52446.03

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	22824.78	71084.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22824.78	71084.18
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))..	22824.78	71084.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22824.78	71084.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	100.00
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	100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22824.78	71084.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	663.25
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22824.78	70420.93

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02283-0000 Date of Disbursement
	Mailing Address PO Box 114	<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment - See Memo Entries	<input type="text" value="2107.42"/>
	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) James P. Walsh Sedan Services	Transaction ID: 21b-01-02283-04397 Date of Disbursement
	Mailing Address 1155 Connecticut Avenue, NW	<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation	<input type="text" value="95.00"/>
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02283-04409 Date of Disbursement
	Mailing Address PO Box 114	<input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period
	Purpose of Disbursement Membership Fee	<input type="text" value="35.00"/>
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2107.42"/>
<b>TOTAL</b> 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)

<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

<b>A.</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 Flight Insurance 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: 21b-01-02283-04408 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 14.99 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Hilton Mailing Address 1001 16th Street City Washington State DC Zip Code 20036 Purpose of Disbursement Lodging 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: 21b-01-02283-04407 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 204.51 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address PO Box 36647 City Dallas State TX Zip Code 75235-1647 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) ▼	Transaction ID: 21b-01-02283-04406 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 58.00 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Capitol Hilton <hr/> Mailing Address 1001 16th Street <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Meals 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: 21b-01-02283-04405 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 262.75
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Capitol Hilton <hr/> Mailing Address 1001 16th Street <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Meals 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: 21b-01-02283-04404 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 187.53
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hilton <hr/> Mailing Address 1001 16th Street <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Meals 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: 21b-01-02283-04403 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 158.55
	[MEMO ITEM]
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Capitol Hilton	Transaction ID: 21b-01-02283-04402 Date of Disbursement
	Mailing Address 1001 16th Street	<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Meals	<input type="text" value="63.90"/>
	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]

B.	Full Name (Last, First, Middle Initial) Hilton Twigs	Transaction ID: 21b-01-02283-04401 Date of Disbursement
	Mailing Address 1001 16th Street NW	<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Meals	<input type="text" value="121.75"/>
	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]

C.	Full Name (Last, First, Middle Initial) Manchester Airport	Transaction ID: 21b-01-02283-04400 Date of Disbursement
	Mailing Address One Airport Road	<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Manchester State NJ Zip Code 03103	Amount of Each Disbursement this Period
	Purpose of Disbursement Parking	<input type="text" value="29.00"/>
	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) ▼
		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> 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)

<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-01-02283-04398
	Mailing Address 1155 Connecticut Avenue, NW	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 95.00
	Purpose of Disbursement Transportation Candidate Name	[MEMO ITEM]
	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) Capitol Hilton	Transaction ID: 21b-01-02283-04396
	Mailing Address 1001 16th Street	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 166.80
	Purpose of Disbursement Lodging Candidate Name	[MEMO ITEM]
	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) McCormick & Schmicks	Transaction ID: 21b-01-02283-04395
	Mailing Address 1652 K Street	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 57.34
	Purpose of Disbursement Meals Candidate Name	[MEMO ITEM]
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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 / 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)  
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	Transaction ID: 21b-01-02283-04393 Date of Disbursement 03 / 01 / 2010
	Mailing Address 1155 Connecticut Avenue, NW	Amount of Each Disbursement this Period 110.00
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Transportation 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) PMI	Transaction ID: 21b-01-02283-04392 Date of Disbursement 03 / 01 / 2010
	Mailing Address 1725 DeSales Street, N.W., Suite 2	Amount of Each Disbursement this Period 16.00
	City Washington State MD Zip Code 20036	
	Purpose of Disbursement Parking 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) Amazon.com	Transaction ID: 21b-01-02283-04391 Date of Disbursement 03 / 01 / 2010
	Mailing Address 1850 Mercer Road	Amount of Each Disbursement this Period 18.49
	City Lexington State KY Zip Code 40511	
	Purpose of Disbursement Office Equipment Candidate Name Amazon.com	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Amazon.com	Transaction ID: 21b-01-02283-04390
	Mailing Address 1850 Mercer Road	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	City Lexington State KY Zip Code 40511	Amount of Each Disbursement this Period 189.43
	Purpose of Disbursement Office Equipment	[MEMO ITEM]
	Candidate Name Amazon.com	
	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) Capitol Hilton	Transaction ID: 21b-01-02283-04389
	Mailing Address 1001 16th Street	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period -193.51
	Purpose of Disbursement 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:	

C.	Full Name (Last, First, Middle Initial) Kellari	Transaction ID: 21b-01-02283-04399
	Mailing Address 1700 K Street Northwest	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 321.89
	Purpose of Disbursement Meals	[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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	Transaction ID: 21b-01-02283-04394
	Mailing Address 1155 Connecticut Avenue, NW	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 95.00
	Purpose of Disbursement Transportation Candidate Name	[MEMO ITEM]
	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) Nexus Strategies, Inc	Transaction ID: 21b-01-02265-04369
	Mailing Address 434 Fayetteville Street Suite 2020	Date of Disbursement MM / DD / YYYY 03 / 03 / 2010
	City Raleigh State NC Zip Code 27601	Amount of Each Disbursement this Period 1493.00
	Purpose of Disbursement Consulting Fees 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) Perkins Coie LLP	Transaction ID: 21b-01-02266-04370
	Mailing Address 1201 Third Avenue, 40th Floor	Date of Disbursement MM / DD / YYYY 03 / 03 / 2010
	City Seattle State WA Zip Code 98101-3099	Amount of Each Disbursement this Period 3300.44
	Purpose of Disbursement Legal Services 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4793.44</b>
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Sprint PCS	Transaction ID: 21b-01-02268-04372
	Mailing Address PO Box 62071	Date of Disbursement MM / DD / YYYY 03 / 03 / 2010
	City Baltimore State MD Zip Code 21264-2071	Amount of Each Disbursement this Period 109.99
	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) ▼

B.	Full Name (Last, First, Middle Initial) Jennie Blackton	Transaction ID: 21b-01-02271-04377
	Mailing Address 2547 North Buena Vista	Date of Disbursement MM / DD / YYYY 03 / 03 / 2010
	City Burbank State CA Zip Code 91504	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Consultant 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) Gilbert & Wolfand P.C.	Transaction ID: 21b-01-02272-04378
	Mailing Address 2201 Wisconsin Ave., NW	Date of Disbursement MM / DD / YYYY 03 / 08 / 2010
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 3577.50
	Purpose of Disbursement Accounting Services 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) ..... ▶

**4687.49**

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Nexus Strategies, Inc <hr/> Mailing Address 434 Fayetteville Street Suite 2020 <hr/> City Raleigh State NC Zip Code 27601 <hr/> Purpose of Disbursement Consulting Fees 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) ▼	<b>Transaction ID:</b> 21b-01-02274-04380 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1493.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Perkins Coie LLP <hr/> Mailing Address 1201 Third Avenue, 40th Floor <hr/> City Seattle State WA Zip Code 98101-3099 <hr/> Purpose of Disbursement Legal Services 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) ▼	<b>Transaction ID:</b> 21b-01-02275-04381 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 3500.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Sprint PCS <hr/> Mailing Address PO Box 62071 <hr/> City Baltimore State MD Zip Code 21264-2071 <hr/> Purpose of Disbursement Telephone 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) ▼	<b>Transaction ID:</b> 21b-01-02276-04382 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 109.99
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**5102.99**

**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

<b>A.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 114 <hr/> City Newark State NJ Zip Code 07101-0114 <hr/> Purpose of Disbursement Credit Card Payment - See Memo Items Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02288-0000 Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	Amount of Each Disbursement this Period 5133.44
	Category/ Type
	[MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines <hr/> Mailing Address PO Box 36647 <hr/> City Dallas State TX Zip Code 75235-1647 <hr/> Purpose of Disbursement Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02288-04414 Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	Amount of Each Disbursement this Period 116.70
	Category/ Type
	[MEMO ITEM]
<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines <hr/> Mailing Address PO Box 36647 <hr/> City Dallas State TX Zip Code 75235-1647 <hr/> Purpose of Disbursement Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02288-04415 Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	Amount of Each Disbursement this Period 114.70
	Category/ Type
	[MEMO ITEM]

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

5133.44

**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)  
Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) Southwest Airlines <hr/> Mailing Address PO Box 36647 <hr/> City Dallas State TX Zip Code 75235-1647 <hr/> Purpose of Disbursement Transportation 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: 21b-01-02288-04416 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2010
	Amount of Each Disbursement this Period 114.70
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines <hr/> Mailing Address PO Box 36647 <hr/> City Dallas State TX Zip Code 75235-1647 <hr/> Purpose of Disbursement Transportation 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: 21b-01-02288-04417 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2010
	Amount of Each Disbursement this Period 114.70
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines <hr/> Mailing Address PO Box 36647 <hr/> City Dallas State TX Zip Code 75235-1647 <hr/> Purpose of Disbursement Transportation 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: 21b-01-02288-04418 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2010
	Amount of Each Disbursement this Period 114.70
	[MEMO ITEM]
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Southwest Airlines  Mailing Address PO Box 36647  City Dallas State TX Zip Code 75235-1647  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) ▼	<b>Transaction ID:</b> 21b-01-02288-04421 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 116.70  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) My Brother's Bar  Mailing Address 2376 15th Street  City Denver State CO Zip Code 80202  Purpose of Disbursement Meals 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>Transaction ID:</b> 21b-01-02288-04448 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 14.00  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Southwest Airlines  Mailing Address PO Box 36647  City Dallas State TX Zip Code 75235-1647  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) ▼	<b>Transaction ID:</b> 21b-01-02288-04419 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 116.70  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Association of State Democratic Chairs

<b>A.</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 Flight Insurance 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: 21b-01-02288-04441 Date of Disbursement 03 / 29 / 2010  Amount of Each Disbursement this Period 29.98  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Sheraton Grand Hotel  Mailing Address 1230 J Street  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Lodging 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: 21b-01-02288-04442 Date of Disbursement 03 / 29 / 2010  Amount of Each Disbursement this Period 648.36  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) AAA Shuttle Taxi.com  Mailing Address 535 Carroll Avenue  City Sacramento State CA Zip Code 95838  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) ▼	Transaction ID: 21b-01-02288-04443 Date of Disbursement 03 / 29 / 2010  Amount of Each Disbursement this Period 47.20  [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 21 / 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)  
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) Hilton Hotels	Transaction ID: 21b-01-02288-04444
	Mailing Address 5001 Spring Valley Road, # 400W,	Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	City Dallas State TX Zip Code 75244	Amount of Each Disbursement this Period 9.95
	Purpose of Disbursement Lodging	[MEMO ITEM]
	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) Harrah's Hotel	Transaction ID: 21b-01-02288-04445
	Mailing Address 3475 Las Vegas Boulevard South	Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	City Las Vegas State NV Zip Code 89109	Amount of Each Disbursement this Period 11.95
	Purpose of Disbursement Lodging	[MEMO ITEM]
	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) United Cab	Transaction ID: 21b-01-02288-04439
	Mailing Address 1701 West Cass Street	Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period 61.95
	Purpose of Disbursement Transportation	[MEMO ITEM]
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

**A.** Full Name (Last, First, Middle Initial)  
Sheraton Hotels and Resorts - Corporate

Mailing Address 1111 Westchester Avenue

City State Zip Code  
White Plains NY 10604

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-02288-04447  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Zocalo

Mailing Address 1801 Capitol Avenue

City State Zip Code  
Sacramento CA 95811

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-02288-04438  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Sacramento Independent Taxi Owners Association

Mailing Address

City State Zip Code  
Sacramento CA

Purpose of Disbursement  
Transportation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-02288-04449  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**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

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) Earl's Restaurant	Transaction ID: 21b-01-02288-04450 Date of Disbursement
	Mailing Address 1600 Glenarm Pl # 140	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Denver State CO Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement Meals	<input type="text" value="38.70"/>
	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]

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 21b-01-02288-04451 Date of Disbursement
	Mailing Address PO Box 36647	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation	<input type="text" value="105.00"/>
	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) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Sheraton Hotels and Resorts - Corporate	Transaction ID: 21b-01-02288-04452 Date of Disbursement
	Mailing Address 1111 Westchester Avenue	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City White Plains State NY Zip Code 10604	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging	<input type="text" value="545.55"/>
	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]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> 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)  
Association of State Democratic Chairs

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheraton Hotels and Resorts - Corporate <hr/> Mailing Address 1111 Westchester Avenue <hr/> City White Plains State NY Zip Code 10604 <hr/> Purpose of Disbursement Lodging 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: 21b-01-02288-04453 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 4.00 <hr/> [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 114 <hr/> City Newark State NJ Zip Code 07101-0114 <hr/> Purpose of Disbursement Flight Insurance 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: 21b-01-02288-04454 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 14.99 <hr/> [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) D. McLeod Florist <hr/> Mailing Address 49 S State St <hr/> City Concord State NH Zip Code 03301 <hr/> Purpose of Disbursement Flowers 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: 21b-01-02288-04455 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 60.90 <hr/> [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) Taxi-Charge.com	Transaction ID: 21b-01-02288-04446
	Mailing Address 419 Newark International Airport	Date of Disbursement 03 / 29 / 2010
	City Newark State NJ Zip Code	Amount of Each Disbursement this Period 24.00
	Purpose of Disbursement Transportation	[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) JetBlue Airways	Transaction ID: 21b-01-02288-04430
	Mailing Address 118-92 Queens Blvd	Date of Disbursement 03 / 29 / 2010
	City Forest Hills State NY Zip Code 11375	Amount of Each Disbursement this Period 334.70
	Purpose of Disbursement Transportation	[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) American Express	Transaction ID: 21b-01-02288-04422
	Mailing Address PO Box 114	Date of Disbursement 03 / 29 / 2010
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period 119.92
	Purpose of Disbursement Flight Insurance	[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>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)  
Association of State Democratic Chairs

<b>A.</b>	Full Name (Last, First, Middle Initial) PMI  Mailing Address 1725 DeSales Street, N.W., Suite 2  City Washington State MD Zip Code 20036  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) ▼	Transaction ID: 21b-01-02288-04423 Date of Disbursement 03 / 29 / 2010  Amount of Each Disbursement this Period 17.00  [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Southwest Airlines  Mailing Address PO Box 36647  City Dallas State TX Zip Code 75235-1647  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) ▼	Transaction ID: 21b-01-02288-04424 Date of Disbursement 03 / 29 / 2010  Amount of Each Disbursement this Period 376.00  [MEMO ITEM]
<b>C.</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 Flight Insurance  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: 21b-01-02288-04425 Date of Disbursement 03 / 29 / 2010  Amount of Each Disbursement this Period 74.95  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) PMI	Transaction ID: 21b-01-02288-04426 Date of Disbursement
	Mailing Address 1725 DeSales Street, N.W., Suite 2	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State MD Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Parking	<input type="text" value="17.00"/>
	Candidate Name	[MEMO ITEM]
	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) American Airlines	Transaction ID: 21b-01-02288-04427 Date of Disbursement
	Mailing Address DFW International Airport	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75261	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation	<input type="text" value="399.40"/>
	Candidate Name	[MEMO ITEM]
	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) Southwest Airlines	Transaction ID: 21b-01-02288-04428 Date of Disbursement
	Mailing Address PO Box 36647	<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation	<input type="text" value="348.40"/>
	Candidate Name	[MEMO ITEM]
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> 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)  
Association of State Democratic Chairs

<b>A.</b>	Full Name (Last, First, Middle Initial) Cafe Nell Mailing Address 1987 NW Kearney City Portland State OR Zip Code 97209 Purpose of Disbursement Meals 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: 21b-01-02288-04440 Date of Disbursement 03 / 29 / 2010	Amount of Each Disbursement this Period 62.50 [MEMO ITEM]
<b>B.</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 Flight Insurance 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: 21b-01-02288-04429 Date of Disbursement 03 / 29 / 2010	Amount of Each Disbursement this Period 14.99 [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address PO Box 36647 City Dallas State TX Zip Code 75235-1647 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) ▼	Transaction ID: 21b-01-02288-04420 Date of Disbursement 03 / 29 / 2010	Amount of Each Disbursement this Period 116.70 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) Advanced Wireless Mailing Address City State Zip Code Purpose of Disbursement Internet Access 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: 21b-01-02288-04431 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 7.95
	[MEMO ITEM]
	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Boston Market Mailing Address 14103 Denver West Parkway City State Zip Code Golden CO 80401 Purpose of Disbursement Meals 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: 21b-01-02288-04432 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 11.74
	[MEMO ITEM]
	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Travel Insurance Policy Mailing Address City State Zip Code Alexandria VA 22301 Purpose of Disbursement Flight Insurance 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: 21b-01-02288-04433 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 16.74
	[MEMO ITEM]
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Association of State Democratic Chairs

<b>A.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 114 <hr/> City Newark State NJ Zip Code 07101-0114 <hr/> Purpose of Disbursement Flight Insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02288-04434 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 14.99
	[MEMO ITEM]
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines <hr/> Mailing Address PO Box 36647 <hr/> City Dallas State TX Zip Code 75235-1647 <hr/> Purpose of Disbursement Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02288-04435 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 158.40
	[MEMO ITEM]
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Southwest Airlines <hr/> Mailing Address PO Box 36647 <hr/> City Dallas State TX Zip Code 75235-1647 <hr/> Purpose of Disbursement Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02288-04436 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 173.40
	[MEMO ITEM]
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Hilton Hotels Mailing Address 5001 Spring Valley Road, # 400W, City Dallas State TX Zip Code 75244 Purpose of Disbursement Lodging 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: 21b-01-02288-04437 Date of Disbursement MM / DD / YYYY 03 / 29 / 2010
	Amount of Each Disbursement this Period 311.36 [MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) Jennie Blackton Mailing Address 2547 North Buena Vista City Burbank State CA Zip Code 91504 Purpose of Disbursement Political 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) ▼	Transaction ID: 21b-01-02278-04384 Date of Disbursement MM / DD / YYYY 03 / 31 / 2010
	Amount of Each Disbursement this Period 1000.00

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

1000.00

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

22824.78