

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

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NAME OF COMMITTEE (In Full)
DNC Services Corp./Dem. Nat'l Committee

A.	Full Name (Last, First, Middle Initial) ALEX BORNS-WEIL	Transaction ID: D16905
	Mailing Address 97 Sewall Ave. #6 Apt 6	Date of Disbursement MM / DD / YYYY 03 / 03 / 2010
	City Brookline State MA Zip Code 02446	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement Contribution Refund	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) GERALDINE BORRELL	Transaction ID: D17075
	Mailing Address 305 Riverside Drive	Date of Disbursement MM / DD / YYYY 03 / 03 / 2010
	City New York State NY Zip Code 10025	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Contribution Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms. Avis A Boutell	Transaction ID: D18159
	Mailing Address 50 Bernal Ave.	Date of Disbursement MM / DD / YYYY 03 / 03 / 2010
	City Moss Beach State CA Zip Code 94038	Amount of Each Disbursement this Period 60.00
	Purpose of Disbursement Contribution Refund	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)	240.00
TOTAL This Period (last page this line number only)	