

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

ADDRESS (number and street) 430 SOUTH CAPITOL STREET SE
Check if different than previously reported. (ACC) WASHINGTON DC 20003

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00460147 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 Year-End 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), 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 (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 11 / 01 / 2013 through 11 / 30 / 2013

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 ANDREW TOBIAS

Signature of Treasurer ANDREW TOBIAS [Electronically Filed] Date 12 / 19 / 2013

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="372297.07"/>	<input type="text" value="372297.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="289899.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="267099.66"/>	<input type="text" value="1815924.36"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="556999.21"/>	<input type="text" value="2188221.43"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92308.15"/>	<input type="text" value="1723530.37"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="464691.06"/>	<input type="text" value="464691.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	267099.66	1815924.36
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	267099.66	1815924.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	267099.66	1815924.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	92308.15	1723530.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	92308.15	1723530.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	92308.15	1723530.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92308.15	1723530.37

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	92308.15	1723530.37
37. Offsets to Operating Expenditures (from Line 15, page 3).....	267099.66	1815924.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	-174791.51	-92393.99

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Kay Hagan Senate Victory</b>		Date of Receipt
Mailing Address 120 Maryland Avenue NE		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.		Transaction ID : SA15-6445
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="15000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="15000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Receipt
Mailing Address 430 South Capitol Street, SE		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID : SA15-6444
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="3000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="113827.10"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b>		Date of Receipt
Mailing Address 120 Maryland Avenue, NE		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.		Transaction ID : SA15-6446
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="12000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="148870.55"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 OF 41  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Maryland Avenue, NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 148870.55

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 06 / 2013  
**Transaction ID : SA15-6464**  
 Amount of Each Receipt this Period  
 28783.95

**B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Maryland Avenue, NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 148870.55

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2013  
**Transaction ID : SA15-6465**  
 Amount of Each Receipt this Period  
 34071.30

**C. DNC SERVICES CORP.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 SOUTH CAPITOL ST SE  
 City WASHINGTON State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 547594.52

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2013  
**Transaction ID : SA15-6466**  
 Amount of Each Receipt this Period  
 30208.43

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 93063.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 120 Maryland Avenue, NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
148870.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2013

**Transaction ID : SA15-6467**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
								2	0644.43

**B. DNC SERVICES CORP.**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 SOUTH CAPITOL ST SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
547594.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2013

**Transaction ID : SA15-6468**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
								3	2000.00

**C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 120 Maryland Avenue, NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
148870.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2013

**Transaction ID : SA15-6512**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
								1	1707.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	64351.73
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DNC SERVICES CORP.</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2013 <b>Transaction ID : SA15-6513</b>
Mailing Address 430 SOUTH CAPITOL ST SE		Amount of Each Receipt this Period 25000.00
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547594.52	

Full Name (Last, First, Middle Initial) <b>B. Durbin Senate Victory</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2013 <b>Transaction ID : SA15-6526</b>
Mailing Address 120 Maryland Avenue, NE		Amount of Each Receipt this Period 6000.00
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) <b>C. DNC SERVICES CORP.</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2013 <b>Transaction ID : SA15-6527</b>
Mailing Address 430 SOUTH CAPITOL ST SE		Amount of Each Receipt this Period 7000.00
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547594.52	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. House Senate Victory Fund</b>		Date of Receipt
Mailing Address 120 Maryland Avenue, NE		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA15-6525</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="15638.64"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="28518.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Receipt
Mailing Address 430 South Capitol Street, SE		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA15-6524</b>
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="26045.61"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="113827.10"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer		<input type="text"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="41684.25"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="267099.66"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Desiree N. Barnes**

Mailing Address 4515 Willard Avenue, Apt 814

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

**Transaction ID : SB21B-6447**

Amount of Each Disbursement this Period

200.00
--------

Full Name (Last, First, Middle Initial)

**B. Alexander A. Bleiweis**

Mailing Address 20 Pamela Road

City Cortlandt Manor State NY Zip Code 10567

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

**Transaction ID : SB21B-6448**

Amount of Each Disbursement this Period

83.85
-------

Full Name (Last, First, Middle Initial)

**C. Richard J. Dziejak Jr.**

Mailing Address 159 Essex Street, Apt B

City New York State NY Zip Code 10002

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2013

**Transaction ID : SB21B-6449**

Amount of Each Disbursement this Period

625.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

908.85
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Dean N. Fluker**

Mailing Address 2001 Olympic Blvd, Apt# 106

City Santa Monica State CA Zip Code 90404

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6450**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Aimee E. Gonzalez**

Mailing Address 9 E. 96th Street, Apt 3A

City New York State NY Zip Code 10128

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6451**

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

**C. Aimee E. Gonzalez**

Mailing Address 9 E. 96th Street, Apt 3A

City New York State NY Zip Code 10128

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6452**

Amount of Each Disbursement this Period

36.60

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

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

811.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Benjamin S. Handford**

Mailing Address 907 6th Street, SW, Apt 401C

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6453**

Amount of Each Disbursement this Period

95.00

Full Name (Last, First, Middle Initial)

**B. Benjamin S. Handford**

Mailing Address 907 6th Street, SW, Apt 401C

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6454**

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

**C. Benjamin S. Handford**

Mailing Address 907 6th Street, SW, Apt 401C

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6455**

Amount of Each Disbursement this Period

30.29

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

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

955.29

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Christina Iskandar**

Mailing Address 1451 Park Road NW, #411

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6456**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Christina Iskandar**

Mailing Address 1451 Park Road NW, #411

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6457**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Erin K. Sandknop**

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6458**

Amount of Each Disbursement this Period

50.00

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

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

450.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Erin K. Sandknop**

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6459**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Erin K. Sandknop**

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6460**

Amount of Each Disbursement this Period

94.00

Full Name (Last, First, Middle Initial)

**C. Erin K. Sandknop**

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2013

**Transaction ID : SB21B-6461**

Amount of Each Disbursement this Period

23.35

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

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

1117.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Ryan Sharpstene**

Mailing Address 4103 Center Street

City Lyons Falls State NY Zip Code 13368

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

**Transaction ID : SB21B-6462**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Ryan Sharpstene**

Mailing Address 4103 Center Street

City Lyons Falls State NY Zip Code 13368

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	3

**Transaction ID : SB21B-6463**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA,NA**

Mailing Address REGIONAL CENTER, VA2-125-04-01  
P.O. BOX 27025

City RICHMOND State VA Zip Code 23261-7025

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	3

**Transaction ID : SB21B-6675**

Amount of Each Disbursement this Period

1	1	9	.	5	8
---	---	---	---	---	---

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

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

1	0	1	9	.	5	8
---	---	---	---	---	---	---

1	0	1	9	.	5	8
---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. CASEY L. BREITENBECK**

Mailing Address 30973 Moroso Drive

City Warren State MI Zip Code 48088

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6475**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. CASEY L. BREITENBECK**

Mailing Address 30973 Moroso Drive

City Warren State MI Zip Code 48088

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6476**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CASEY L. BREITENBECK**

Mailing Address 30973 Moroso Drive

City Warren State MI Zip Code 48088

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6477**

Amount of Each Disbursement this Period

19.57

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

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

1069.57

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. CASEY L. BREITENBECK**

Mailing Address 30973 Moroso Drive

City Warren State MI Zip Code 48088

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6478**

Amount of Each Disbursement this Period

1.00

Full Name (Last, First, Middle Initial)

**B. Morgan A. Finkelstein**

Mailing Address 1012 N Street, NW, #3C

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6479**

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

**C. Morgan A. Finkelstein**

Mailing Address 1012 N Street, NW, #3C

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6480**

Amount of Each Disbursement this Period

220.35

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

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

846.35

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Marygrace Galston**

Mailing Address 166 17th Avenue, Unit C

City Seattle State WA Zip Code 98122

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6481**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Jennifer Grace**

Mailing Address 716 Quincy

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6482**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jennifer Grace**

Mailing Address 716 Quincy

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6483**

Amount of Each Disbursement this Period

35.00

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

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

1085.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Jennifer Grace**

Mailing Address 716 Quincy

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6484**

Amount of Each Disbursement this Period

19.24

Full Name (Last, First, Middle Initial)

**B. Evan Gramis**

Mailing Address 211 Yacht Club Way, Apt 315

City Redondo Beach State CA Zip Code 90277

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6485**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Evan Gramis**

Mailing Address 211 Yacht Club Way, Apt 315

City Redondo Beach State CA Zip Code 90277

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6486**

Amount of Each Disbursement this Period

38.00

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

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

1057.24

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Evan Gramis**

Mailing Address 211 Yacht Club Way, Apt 315

City Redondo Beach State CA Zip Code 90277

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

**Transaction ID : SB21B-6487**

Amount of Each Disbursement this Period

83.70
-------

Full Name (Last, First, Middle Initial)

**B. Reginald A. Hubbard II**

Mailing Address 8258 Portsmouth Drive

City Severn State MD Zip Code 21144

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

**Transaction ID : SB21B-6488**

Amount of Each Disbursement this Period

175.00
--------

Full Name (Last, First, Middle Initial)

**C. Reginald A. Hubbard II**

Mailing Address 8258 Portsmouth Drive

City Severn State MD Zip Code 21144

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

**Transaction ID : SB21B-6489**

Amount of Each Disbursement this Period

625.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

883.70
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Reginald A. Hubbard II**

Mailing Address 8258 Portsmouth Drive

City State Zip Code  
Severn MD 21144

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6490**

Amount of Each Disbursement this Period

15.50

Full Name (Last, First, Middle Initial)

**B. Iridian Corp. Nicole Lynch**

Mailing Address 7 Avenue A, 2nd Floor

City State Zip Code  
New York NY 10009

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6491**

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

**C. Iridian Corp. Nicole Lynch**

Mailing Address 7 Avenue A, 2nd Floor

City State Zip Code  
New York NY 10009

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6492**

Amount of Each Disbursement this Period

51.00

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

691.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Noreen Kassam**

Mailing Address 8831 Palomar Ave NE

City Albuquerque State NM Zip Code 87109

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6493**

Amount of Each Disbursement this Period

175.00

Full Name (Last, First, Middle Initial)

**B. Noreen Kassam**

Mailing Address 8831 Palomar Ave NE

City Albuquerque State NM Zip Code 87109

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6494**

Amount of Each Disbursement this Period

42.50

Full Name (Last, First, Middle Initial)

**C. Noreen Kassam**

Mailing Address 8831 Palomar Ave NE

City Albuquerque State NM Zip Code 87109

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6495**

Amount of Each Disbursement this Period

875.00

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

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

1092.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Thomas M. Kerr II**

Mailing Address 38421 Elsie Street

City Livonia State MI Zip Code 48154

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6496**

Amount of Each Disbursement this Period

175.00

Full Name (Last, First, Middle Initial)

**B. Elizabeth R. Lewis**

Mailing Address 2024 Virginia Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6497**

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth R. Lewis**

Mailing Address 2024 Virginia Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6498**

Amount of Each Disbursement this Period

220.35

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

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

1020.35



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Elizabeth R. Lewis**

Mailing Address 2024 Virginia Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2013

**Transaction ID : SB21B-6499**

Amount of Each Disbursement this Period

9.00
------

Full Name (Last, First, Middle Initial)

**B. Joshua S. Lipsky**

Mailing Address 5 Cowperthwaite Street, Apt 610

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2013

**Transaction ID : SB21B-6500**

Amount of Each Disbursement this Period

875.00
--------

Full Name (Last, First, Middle Initial)

**C. Kelsey E. Ottesen**

Mailing Address 3606 Wildhawk Drive

City Katy State TX Zip Code 77449

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2013

**Transaction ID : SB21B-6501**

Amount of Each Disbursement this Period

875.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1759.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Kelsey E. Ottesen**

Mailing Address 3606 Wildhawk Drive

City State Zip Code  
Katy TX 77449

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6502**

Amount of Each Disbursement this Period

22.15

Full Name (Last, First, Middle Initial)

**B. Kelsey E. Ottesen**

Mailing Address 3606 Wildhawk Drive

City State Zip Code  
Katy TX 77449

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6503**

Amount of Each Disbursement this Period

54.45

Full Name (Last, First, Middle Initial)

**C. Emily Petty**

Mailing Address 1223 Wilshire Blvd, #168

City State Zip Code  
Santa Monica CA 90403

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6504**

Amount of Each Disbursement this Period

52.50

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

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

129.10

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Emily Petty**

Mailing Address 1223 Wilshire Blvd, #168

City Santa Monica State CA Zip Code 90403

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6505**

Amount of Each Disbursement this Period

97.50

Full Name (Last, First, Middle Initial)

**B. Jesse L. Sendroff**

Mailing Address 1633 Irving Street, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6506**

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

**C. Roy Sherman**

Mailing Address 1020 SE 5th Avenue

City Pompano Beach State FL Zip Code 33060

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6507**

Amount of Each Disbursement this Period

175.00

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

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

1147.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Roy Sherman**

Mailing Address 1020 SE 5th Avenue

City Pompano Beach State FL Zip Code 33060

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6508**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Paul B. Stovall**

Mailing Address 1213 W. Farwell Ave., #2W

City Chicago State IL Zip Code 60626

Purpose of Disbursement  
Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6509**

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

**C. Paul B. Stovall**

Mailing Address 1213 W. Farwell Ave., #2W

City Chicago State IL Zip Code 60626

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2013

**Transaction ID : SB21B-6510**

Amount of Each Disbursement this Period

99.00

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

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

1124.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Paul B. Stovall**

Mailing Address 1213 W. Farwell Ave., #2W

City Chicago State IL Zip Code 60626

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2013			

**Transaction ID : SB21B-6511**

Amount of Each Disbursement this Period

9.75
------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Travel Agent fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6670**

Amount of Each Disbursement this Period

714.00
--------

Category/  
Type

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. American Express Busin Travel**

Mailing Address 1901 N Moore St, 10th Floor

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Travel Agent fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6670-10000**

Amount of Each Disbursement this Period

714.00
--------

Category/  
Type

**[MEMO ITEM]**  
Memo Entry

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

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

723.75
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

**Transaction ID : SB21B-6671**

Amount of Each Disbursement this Period

33386.84

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. American Airlines**

Mailing Address 4333 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

**Transaction ID : SB21B-6671-10000**

Amount of Each Disbursement this Period

4567.24

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Delta Air Lines, Inc.**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

**Transaction ID : SB21B-6671-20000**

Amount of Each Disbursement this Period

3658.20

**[MEMO ITEM]**  
Memo Entry

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

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

33386.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. JetBlue Airways Corporation**

Mailing Address 118-29 Queens Blvd

City State Zip Code  
Forest Hills NY 11375

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6671-30000**

Amount of Each Disbursement this Period

1191.70
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 77 W. Wacker Drive

City State Zip Code  
Chicago IL 60601

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6671-40000**

Amount of Each Disbursement this Period

8444.90
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. US Airways Group Inc.**

Mailing Address 111 W. Rio Salado Pkwy

City State Zip Code  
Tempe AZ 85281

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6671-50000**

Amount of Each Disbursement this Period

15524.80
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**[MEMO ITEM]**  
Memo Entry

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Train/Bus Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

**Transaction ID : SB21B-6672**

Amount of Each Disbursement this Period

759.00

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address Union Station  
50 Massachusetts Ave., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Train/Bus Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

**Transaction ID : SB21B-6672-10000**

Amount of Each Disbursement this Period

759.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

**Transaction ID : SB21B-6673**

Amount of Each Disbursement this Period

10337.87

See Attached Memo Entry

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

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

11096.87



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Courtyard Newport Middletown**

Mailing Address 9 Commerce Drive

City Middletown State RI Zip Code 02842

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	9			2	0	1	3		

Transaction ID : SB21B-6673-10000

Amount of Each Disbursement this Period

1	3	0	8	.	3	1
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[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Embassy Suites**

Mailing Address 3775 Park East Drive

City Beachwood State OH Zip Code 44122

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	9			2	0	1	3		

Transaction ID : SB21B-6673-20000

Amount of Each Disbursement this Period

2	1	1	8	.	0	6
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[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Renaissance Austin**

Mailing Address 9721 Arboretum Blvd

City Austin State TX Zip Code 78759

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	9			2	0	1	3		

Transaction ID : SB21B-6673-30000

Amount of Each Disbursement this Period

1	0	0	5	.	8	0
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[MEMO ITEM]  
Memo Entry

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

0	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Springhill Suites Chicago**

Mailing Address 410 North Dearborn St

City Chicago State IL Zip Code 60654

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6673-40000**

Amount of Each Disbursement this Period

3588.64
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Sheraton Philadelphia Downtown**

Mailing Address 201 N. 17th Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6673-50000**

Amount of Each Disbursement this Period

2317.06
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6674**

Amount of Each Disbursement this Period

3638.10
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See Attached Memo Entry

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

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

3638.10
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hertz Car Rental**

Mailing Address San Jose International Airport  
1659 Airport Boulevard

City San Jose State CA Zip Code 95110

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : SB21B-6674-10000

Amount of Each Disbursement this Period

728.24

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HERTZ-RENT-A-CAR**

Mailing Address Union Station  
50 Massachusetts Avenue

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : SB21B-6674-20000

Amount of Each Disbursement this Period

622.42

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hertz Car Rental**

Mailing Address Boston Logan Intl Airport  
207 Porter Street

City Boston State MA Zip Code 02128

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : SB21B-6674-30000

Amount of Each Disbursement this Period

317.91

[MEMO ITEM]  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hertz Car Rental**

Mailing Address Marine Air Terminal  
Building 22

City Flushing State NY Zip Code 11371

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6674-40000**

Amount of Each Disbursement this Period

252.25
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hertz Car Rental**

Mailing Address Cleveland Hopkins Airport  
19601 Maplewood Avenue

City Cleveland State OH Zip Code 44135

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6674-50000**

Amount of Each Disbursement this Period

236.82
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hertz Corporation**

Mailing Address 14501 Hertz Quail Springs

City Oklahoma City State OK Zip Code 73134

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2013			

**Transaction ID : SB21B-6674-60000**

Amount of Each Disbursement this Period

901.52
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**[MEMO ITEM]**  
Memo Entry

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hertz Rent-A-Car**

Mailing Address Pittsburgh Intl Airport  
8 Rental Car Access Road

City Pittsburgh State PA Zip Code 15231

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : SB21B-6674-70000

Amount of Each Disbursement this Period

214.50

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hertz Car Rental**

Mailing Address Austin Bergstrom Intl Airport  
3600 Presidential Blvd

City Austin State TX Zip Code 78719

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : SB21B-6674-80000

Amount of Each Disbursement this Period

222.90

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hertz Car Rental**

Mailing Address Charleston Yeager Airport  
169 Airport Road

City Charleston State WV Zip Code 25311

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2013

Transaction ID : SB21B-6674-90000

Amount of Each Disbursement this Period

141.54

[MEMO ITEM]  
Memo Entry

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

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

0.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

### A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2013

Transaction ID : SB21B-6519

Amount of Each Disbursement this Period

5098.56

Full Name (Last, First, Middle Initial)

### B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2013

Transaction ID : SB21B-6520

Amount of Each Disbursement this Period

4243.47

Full Name (Last, First, Middle Initial)

### C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2013

Transaction ID : SB21B-6521

Amount of Each Disbursement this Period

14969.97

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

24312.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2013

Transaction ID : **SB21B-6522**

Amount of Each Disbursement this Period

458.72

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2013

Transaction ID : **SB21B-6523**

Amount of Each Disbursement this Period

17.51

Full Name (Last, First, Middle Initial)

**C. Biden for Attorney General**

Mailing Address PO Box 2838

City Wilmington State DE Zip Code 19805

Purpose of Disbursement  
Refund of Travel Deposit

Candidate Name

**Biden for Attorney General**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2013

Transaction ID : **SB21B-6514**

Amount of Each Disbursement this Period

500.00

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

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

976.23

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Bishop for Congress Attn: Molly Bishop**

Mailing Address 129 Wooley Street

City Southampton State NY Zip Code 11968

Purpose of Disbursement Refund of Travel Deposit

Candidate Name

**Bishop for Congress Attn: Molly Bishop**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B-6515**

Amount of Each Disbursement this Period

2	0	4	.	3	5
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Full Name (Last, First, Middle Initial)

**B. Benjamin S. Handford**

Mailing Address 907 6th Street, SW, Apt 401C

City Washington State DC Zip Code 20024

Purpose of Disbursement Advance Logistics Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B-6516**

Amount of Each Disbursement this Period

6	2	5	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Benjamin S. Handford**

Mailing Address 907 6th Street, SW, Apt 401C

City Washington State DC Zip Code 20024

Purpose of Disbursement Travel Parking

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B-6517**

Amount of Each Disbursement this Period

2	3	.	9	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	5	3	.	2	5
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**TOTAL** This Period (last page this line number only)..... ▶

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

### A. Recchia for Congress

Mailing Address 172 Gravesend Neck Road

City Brooklyn State NY Zip Code 11223

Purpose of Disbursement  
Refund of Travel Deposit

Candidate Name

**Recchia for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B-6518**

Amount of Each Disbursement this Period

1	5	2	.	6	3
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### B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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### C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1	5	2	.	6	3
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9	2	3	0	8	.	1	5
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