

# 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 [X] 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)
[X] Mar 20 (M3) [ ] Jun 20 (M6) [ ] Sep 20 (M9) [ ] Dec 20 (M12) (Non-Election Year Only)
[ ] Apr 20 (M4) [ ] Jul 20 (M7) [ ] Oct 20 (M10) [ ] Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
[ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R)
[ ] Convention (12C) [ ] Special (12S)

Election on [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period [ ] / [ ] / [ ] 02 01 2015 through [ ] / [ ] / [ ] 02 28 2015

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 [ ] / [ ] / [ ] 03 19 2015

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="2015"/>		<input type="text" value="1136689.10"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="834967.04"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="42684.72"/>	<input type="text" value="42684.72"/>
(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="877651.76"/>	<input type="text" value="1179373.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83756.43"/>	<input type="text" value="385478.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="793895.33"/>	<input type="text" value="793895.33"/>
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

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 02 / 01 / 2015 To: 02 / 28 / 2015

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).....	42684.72	42684.72
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))..... ▶	42684.72	42684.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42684.72	42684.72

**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 .....	83756.43	385478.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	83756.43	385478.49
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)) ..	83756.43	385478.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83756.43	385478.49

**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)) ..... ▶	83756.43	385478.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	42684.72	42684.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	41071.71	342793.77

**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 46
<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. DNC SERVICES CORP.</b>		Date of Receipt
Mailing Address 430 SOUTH CAPITOL ST SE		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID : SA15-9063
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="29761.86"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="33314.95"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DNC SERVICES CORP.</b>		Date of Receipt
Mailing Address 430 SOUTH CAPITOL ST SE		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID : SA15-9064
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="3553.09"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="33314.95"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Chicago for Rahm Emanuel</b>		Date of Receipt
Mailing Address 845 W Wolfram Street		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60657
FEC ID number of contributing federal political committee.		Transaction ID : SA15-9065
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="9369.77"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="9369.77"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="42684.72"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="42684.72"/>

# 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. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

Transaction ID : SB21B-8934

Amount of Each Disbursement this Period

130.73

Full Name (Last, First, Middle Initial)

### B. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

Transaction ID : SB21B-8935

Amount of Each Disbursement this Period

35.05

Full Name (Last, First, Middle Initial)

### C. DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

Transaction ID : SB21B-8936

Amount of Each Disbursement this Period

17.12

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

182.90

**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. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

Transaction ID : SB21B-8937

Amount of Each Disbursement this Period

0.61

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

Transaction ID : SB21B-8938

Amount of Each Disbursement this Period

1037.50

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

Transaction ID : SB21B-8939

Amount of Each Disbursement this Period

161.33

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

1199.44

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



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

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

FOR LINE NUMBER:  
(check only one)

<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. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : SB21B-8940**

Amount of Each Disbursement this Period

1241.16

**B. DEPARTMENT OF TREASURY**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : SB21B-8941**

Amount of Each Disbursement this Period

2531.36

**C. DEPARTMENT OF TREASURY**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : SB21B-8942**

Amount of Each Disbursement this Period

366.78

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

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

4139.30

**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. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

**Transaction ID : SB21B-8943**

Amount of Each Disbursement this Period

539.21

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

**Transaction ID : SB21B-8944**

Amount of Each Disbursement this Period

5.37

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

**Transaction ID : SB21B-8945**

Amount of Each Disbursement this Period

41.58

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

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

586.16

**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. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : SB21B-8946**

Amount of Each Disbursement this Period

283.12

**B. DEPARTMENT OF TREASURY**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : SB21B-8947**

Amount of Each Disbursement this Period

432.69

**C. DEPARTMENT OF TREASURY**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2015

**Transaction ID : SB21B-8948**

Amount of Each Disbursement this Period

1584.73

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

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

2300.54

**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. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

**Transaction ID : SB21B-8950**

Amount of Each Disbursement this Period

1144.31

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

**Transaction ID : SB21B-8951**

Amount of Each Disbursement this Period

-243.47

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

**Transaction ID : SB21B-8952**

Amount of Each Disbursement this Period

-1382.36

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

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

-481.52

**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. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 04 / 2015

**Transaction ID : SB21B-8953**

Amount of Each Disbursement this Period

2565.63

Full Name (Last, First, Middle Initial)

**B. Essam E. Abozid**

Mailing Address 210 Bell Avenue

City Raritan State NJ Zip Code 08869

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  
02 / 05 / 2015

**Transaction ID : SB21B-8954**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Essam E. Abozid**

Mailing Address 210 Bell Avenue

City Raritan State NJ Zip Code 08869

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  
02 / 05 / 2015

**Transaction ID : SB21B-8955**

Amount of Each Disbursement this Period

750.00

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

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

3365.63

# 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. Essam E. Abozid**

Mailing Address 210 Bell Avenue

City Raritan State NJ Zip Code 08869

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B-8956**

Amount of Each Disbursement this Period

37.07

Full Name (Last, First, Middle Initial)

**B. Bank of America Account Analysis**

Mailing Address PO Box 842425

City Dallas State TX Zip Code 75284-2425

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B-8957**

Amount of Each Disbursement this Period

137.28

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

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B-8958**

Amount of Each Disbursement this Period

875.00

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

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

1049.35

**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. Gabriel Esquenazi**

Mailing Address 1912 Delancey Place

City Philadelphia State PA Zip Code 19103

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  
02 / 05 / 2015

**Transaction ID : SB21B-8959**

Amount of Each Disbursement this Period

366.24

Full Name (Last, First, Middle Initial)

**B. Gabriel Esquenazi**

Mailing Address 1912 Delancey Place

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B-8960**

Amount of Each Disbursement this Period

37.45

Full Name (Last, First, Middle Initial)

**C. Daniel P. O'Halloran**

Mailing Address Box 8725  
10 Buick Street

City Boston State MA Zip Code 02215

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  
02 / 05 / 2015

**Transaction ID : SB21B-8961**

Amount of Each Disbursement this Period

44.20

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

447.89

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Daniel P. O'Halloran**

Mailing Address Box 8725  
10 Buick Street

City Boston State MA Zip Code 02215

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  
02 / 05 / 2015

Transaction ID : **SB21B-8962**

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

**B. Daniel P. O'Halloran**

Mailing Address Box 8725  
10 Buick Street

City Boston State MA Zip Code 02215

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  
02 / 05 / 2015

Transaction ID : **SB21B-8963**

Amount of Each Disbursement this Period

106.72

Full Name (Last, First, Middle Initial)

**C. Daniel P. O'Halloran**

Mailing Address Box 8725  
10 Buick Street

City Boston State MA Zip Code 02215

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

Transaction ID : **SB21B-8964**

Amount of Each Disbursement this Period

24.00

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

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

1005.72



**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. Michael A. O'Mary**

Mailing Address 225 W 86th Street, Apt 415

City State Zip Code  
New York NY 10024

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SB21B-8965**

Amount of Each Disbursement this Period

875.00
--------

Full Name (Last, First, Middle Initial)

**B. Kerry C. Stackpole**

Mailing Address 7200 Nathaniel Lane

City State Zip Code  
McLean VA 22101

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SB21B-8966**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. Kerry C. Stackpole**

Mailing Address 7200 Nathaniel Lane

City State Zip Code  
McLean VA 22101

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2015

**Transaction ID : SB21B-8967**

Amount of Each Disbursement this Period

750.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1675.00
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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. Kerry C. Stackpole**

Mailing Address 7200 Nathaniel Lane

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B-8968**

Amount of Each Disbursement this Period

117.06

Full Name (Last, First, Middle Initial)

**B. Frances Starkey**

Mailing Address 3528 W. 39th Avenue

City Denver State CO Zip Code 80211

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  
02 / 05 / 2015

**Transaction ID : SB21B-8969**

Amount of Each Disbursement this Period

875.00

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) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B-8970**

Amount of Each Disbursement this Period

1404.08

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

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

2396.14

**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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2015

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

Candidate Name

Category/  
Type

**Transaction ID : SB21B-8971**

Amount of Each Disbursement this Period

5004.20
---------

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2015

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

Category/  
Type

**Transaction ID : SB21B-8972**

Amount of Each Disbursement this Period

51.78
-------

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2015

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Category/  
Type

**Transaction ID : SB21B-8973**

Amount of Each Disbursement this Period

921.42
--------

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

5977.40
---------

**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. 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  
02 / 05 / 2015

**Transaction ID : SB21B-8974**

Amount of Each Disbursement this Period

34.53

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 Helo

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2015

**Transaction ID : SB21B-8975**

Amount of Each Disbursement this Period

3336.14

Full Name (Last, First, Middle Initial)

**C. Lars V. Thorn**

Mailing Address 3700 Pacific Ave., Apt 8

City Marina Del Rey State CA Zip Code 90292

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  
02 / 12 / 2015

**Transaction ID : SB21B-9025**

Amount of Each Disbursement this Period

-875.00

Voided Check

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

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

2495.67

**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. Jace Beehler**

Mailing Address 517 36th Ave W.

City State Zip Code  
West Fargo ND 58078

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-8976**

Amount of Each Disbursement this Period

124.41

Full Name (Last, First, Middle Initial)

**B. Katherine Cheng**

Mailing Address 417 Smith Street

City State Zip Code  
Seattle WA 98109

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-8977**

Amount of Each Disbursement this Period

250.28

Full Name (Last, First, Middle Initial)

**C. Allison Cho**

Mailing Address 995 E. Baseline Road

City State Zip Code  
Tempe AZ 85283

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-8978**

Amount of Each Disbursement this Period

312.18

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

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

686.87

**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. Allison Cho**

Mailing Address 995 E. Baseline Road

City State Zip Code  
Tempe AZ 85283

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

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-8979**

Amount of Each Disbursement this Period

86.64
-------

Full Name (Last, First, Middle Initial)

**B. Marguerite Clavel**

Mailing Address 511 Independence Ave., SE

City State Zip Code  
Washington DC 20003

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

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-8980**

Amount of Each Disbursement this Period

21.78
-------

Full Name (Last, First, Middle Initial)

**C. Michael J. Cuzzi**

Mailing Address 43 Fengler Road

City State Zip Code  
Scarborough ME 04074

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

M M M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-8981**

Amount of Each Disbursement this Period

750.00
--------

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

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

840.42
--------

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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. Sherry Ebrahimi**

Mailing Address 423 E. Pharr Road

City Decatur State GA Zip Code 30030

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-8982**

Amount of Each Disbursement this Period

250.28

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Iris Ferguson**

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-8983**

Amount of Each Disbursement this Period

183.54

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Iris Ferguson**

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

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  
02 / 12 / 2015

**Transaction ID : SB21B-8984**

Amount of Each Disbursement this Period

23.50

Category/  
Type

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

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

457.32

**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. Iris Ferguson**

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

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  
02 / 12 / 2015

**Transaction ID : SB21B-8985**

Amount of Each Disbursement this Period

15.96

Full Name (Last, First, Middle Initial)

**B. Iris Ferguson**

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

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  
02 / 12 / 2015

**Transaction ID : SB21B-8986**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Iris Ferguson**

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-8987**

Amount of Each Disbursement this Period

39.34

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

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

855.30



**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. Iris Ferguson**

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

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 M	/	D D D	/	Y Y Y Y Y
02		12		2015

**Transaction ID : SB21B-8988**

Amount of Each Disbursement this Period

0.00
------

Full Name (Last, First, Middle Initial)

**B. Iris Ferguson**

Mailing Address 546 Vinson Avenue

City Fayetteville State AR Zip Code 72701

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
02		12		2015

**Transaction ID : SB21B-8989**

Amount of Each Disbursement this Period

-50.00
--------

Full Name (Last, First, Middle Initial)

**C. Tanya Leigh Flores**

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement  
Travel Expense

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
02		12		2015

**Transaction ID : SB21B-8990**

Amount of Each Disbursement this Period

312.18
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

262.18
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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. Tanya Leigh Flores**

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

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  
02 / 12 / 2015

Transaction ID : SB21B-8991

Amount of Each Disbursement this Period

49.74

Full Name (Last, First, Middle Initial)

**B. Donet D. Graves**

Mailing Address 6713 Tildenwood Lane

City North Bethesda State MD Zip Code 20852

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  
02 / 12 / 2015

Transaction ID : SB21B-8992

Amount of Each Disbursement this Period

42.07

Full Name (Last, First, Middle Initial)

**C. Donet D. Graves**

Mailing Address 6713 Tildenwood Lane

City North Bethesda State MD Zip Code 20852

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  
02 / 12 / 2015

Transaction ID : SB21B-8993

Amount of Each Disbursement this Period

58.40

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

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

150.21

**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. Brook E. Hefner**

Mailing Address 3924 South Sycamore Avenue

City Los Angeles State CA Zip Code 90008

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-8994**

Amount of Each Disbursement this Period

312.18
--------

Full Name (Last, First, Middle Initial)

**B. Faith Jackson**

Mailing Address 4016 Ayden Court

City Bowie State MD Zip Code 20721

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-8995**

Amount of Each Disbursement this Period

625.00
--------

Full Name (Last, First, Middle Initial)

**C. Paul Maxwell Jenkins**

Mailing Address 2 Gold Street, Apt 905

City New York State NY Zip Code 10038

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-8996**

Amount of Each Disbursement this Period

750.00
--------

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

1687.18
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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. Ronald T. Keohane**

Mailing Address 2606 S. Kenmore Court

City State Zip Code  
Arlington VA 22206

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-8997**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gary S. Lee**

Mailing Address 12104 El Dorado Place NE

City State Zip Code  
Albuquerque NM 87111

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-8998**

Amount of Each Disbursement this Period

16.50
-------

Full Name (Last, First, Middle Initial)

**C. Gary S. Lee**

Mailing Address 12104 El Dorado Place NE

City State Zip Code  
Albuquerque NM 87111

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-8999**

Amount of Each Disbursement this Period

577.50
--------

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

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

1594.00
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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. Gary S. Lee**

Mailing Address 12104 El Dorado Place NE

City Albuquerque State NM Zip Code 87111

Purpose of Disbursement  
Travel Taxi/Public/POV

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
02	/	12	/	2015

**Transaction ID : SB21B-9000**

Amount of Each Disbursement this Period

213.20
--------

Full Name (Last, First, Middle Initial)

**B. Gary S. Lee**

Mailing Address 12104 El Dorado Place NE

City Albuquerque State NM Zip Code 87111

Purpose of Disbursement  
Travel Expense

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
02	/	12	/	2015

**Transaction ID : SB21B-9001**

Amount of Each Disbursement this Period

60.00
-------

Full Name (Last, First, Middle Initial)

**C. Gary S. Lee**

Mailing Address 12104 El Dorado Place NE

City Albuquerque State NM Zip Code 87111

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 M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-9002**

Amount of Each Disbursement this Period

50.00
-------

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

323.20
--------

**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. Gary S. Lee**

Mailing Address 12104 El Dorado Place NE

City Albuquerque State NM Zip Code 87111

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
02	/	12	/	2015

**Transaction ID : SB21B-9003**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. Gary S. Lee**

Mailing Address 12104 El Dorado Place NE

City Albuquerque State NM Zip Code 87111

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 M	/	D D D	/	Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B-9004**

Amount of Each Disbursement this Period

28.31
-------

Full Name (Last, First, Middle Initial)

**C. John Oliver McMillan**

Mailing Address 1855 Trossachs Blvd SE, #1506

City Sammamish State WA Zip Code 98075

Purpose of Disbursement  
Travel Expense

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
02	/	12	/	2015

**Transaction ID : SB21B-9005**

Amount of Each Disbursement this Period

250.28
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1028.59
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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. Shailagh Murray**

Mailing Address 233 1/2 Ninth St, SE

City Washington State DC Zip Code 20003

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  
02 / 12 / 2015

**Transaction ID : SB21B-9006**

Amount of Each Disbursement this Period

58.40

Full Name (Last, First, Middle Initial)

**B. TYLER NORMAN**

Mailing Address 128 W. 13th Street, #26

City New York State NY Zip Code 10011

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  
02 / 12 / 2015

**Transaction ID : SB21B-9007**

Amount of Each Disbursement this Period

318.43

Full Name (Last, First, Middle Initial)

**C. Sean O'Brien**

Mailing Address 311 11th Street, SE

City Washington State DC Zip Code 20003

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  
02 / 12 / 2015

**Transaction ID : SB21B-9008**

Amount of Each Disbursement this Period

21.78

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

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

398.61

**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. Francis Person**

Mailing Address 1313 Cilantro Court

City Tega Cay State SC Zip Code 29708

Purpose of Disbursement  
Travel Expense

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
02		12		2015

**Transaction ID : SB21B-9009**

Amount of Each Disbursement this Period

42.57
-------

Full Name (Last, First, Middle Initial)

**B. Francis Person**

Mailing Address 1313 Cilantro Court

City Tega Cay State SC Zip Code 29708

Purpose of Disbursement  
Travel Expense

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
02		12		2015

**Transaction ID : SB21B-9010**

Amount of Each Disbursement this Period

80.76
-------

Full Name (Last, First, Middle Initial)

**C. Anna Rafdal**

Mailing Address 475 St. Marks Ave, 5-E

City Brooklyn State NY Zip Code 11238

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
02		12		2015

**Transaction ID : SB21B-9011**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1123.33
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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. Anna Rafdal**

Mailing Address 475 St. Marks Ave, 5-E

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-9012**

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

**B. Steve Ricchetti**

Mailing Address 910 Turkey Run Road

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-9013**

Amount of Each Disbursement this Period

11.72

Full Name (Last, First, Middle Initial)

**C. Glen Ryniewski**

Mailing Address 6104 W. Henderson

City Chicago State IL Zip Code 60634

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  
02 / 12 / 2015

**Transaction ID : SB21B-9014**

Amount of Each Disbursement this Period

54.23

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

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

155.95

**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. Glen Ryniewski**

Mailing Address 6104 W. Henderson

City Chicago State IL Zip Code 60634

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-9015**

Amount of Each Disbursement this Period

47.40

Full Name (Last, First, Middle Initial)

**B. Jennifer Samawat**

Mailing Address 198 Union Street, Apt 1A

City Brooklyn State NY Zip Code 11231

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  
02 / 12 / 2015

**Transaction ID : SB21B-9016**

Amount of Each Disbursement this Period

621.25

Full Name (Last, First, Middle Initial)

**C. Valentine Sanders**

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

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  
02 / 12 / 2015

**Transaction ID : SB21B-9017**

Amount of Each Disbursement this Period

9.08

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

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

677.73

**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. E. Michael Schrum**

Mailing Address 433 15th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expense

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 Y Y  
02 / 12 / 2015

**Transaction ID : SB21B-9018**

Amount of Each Disbursement this Period

42.07

Full Name (Last, First, Middle Initial)

**B. E. Michael Schrum**

Mailing Address 433 15th Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Travel Expense

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 Y Y  
02 / 12 / 2015

**Transaction ID : SB21B-9019**

Amount of Each Disbursement this Period

58.40

Full Name (Last, First, Middle Initial)

**C. Greg Schultz**

Mailing Address 1301 U Street. NW, #515

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense

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 Y Y  
02 / 12 / 2015

**Transaction ID : SB21B-9020**

Amount of Each Disbursement this Period

42.57

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

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

143.04

**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. Greg Schultz**

Mailing Address 1301 U Street. NW, #515

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-9021**

Amount of Each Disbursement this Period

58.40

Full Name (Last, First, Middle Initial)

**B. Greg Schultz**

Mailing Address 1301 U Street. NW, #515

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-9022**

Amount of Each Disbursement this Period

80.76

Full Name (Last, First, Middle Initial)

**C. Carri B. Twigg**

Mailing Address 850 Quincy St, NW, Apt 502

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 12 / 2015

**Transaction ID : SB21B-9023**

Amount of Each Disbursement this Period

58.40

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

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

197.56

**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. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
02 / 12 / 2015

**Transaction ID : SB21B-9024**

Amount of Each Disbursement this Period

279.42

Full Name (Last, First, Middle Initial)

**B. Lars V. Thorn**

Mailing Address 3700 Pacific Ave., Apt 8

City Marina Del Rey State CA Zip Code 90292

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  
02 / 12 / 2015

**Transaction ID : SB21B-9026**

Amount of Each Disbursement this Period

875.00

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : SB21B-9030**

Amount of Each Disbursement this Period

875.00

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

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

2029.42

**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. Shola Farber**

Mailing Address 30 Dayton Lane

City East Hampton State NY Zip Code 11937

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  
02 / 23 / 2015

Transaction ID : SB21B-9031

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

**B. Shola Farber**

Mailing Address 30 Dayton Lane

City East Hampton State NY Zip Code 11937

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

Transaction ID : SB21B-9032

Amount of Each Disbursement this Period

26.25

Full Name (Last, First, Middle Initial)

**C. Shola Farber**

Mailing Address 30 Dayton Lane

City East Hampton State NY Zip Code 11937

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  
02 / 23 / 2015

Transaction ID : SB21B-9033

Amount of Each Disbursement this Period

42.34

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

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

943.59

**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. Shola Farber**

Mailing Address 30 Dayton Lane

City East Hampton State NY Zip Code 11937

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : SB21B-9034**

Amount of Each Disbursement this Period

37.82

Full Name (Last, First, Middle Initial)

**B. Robert W. Mark**

Mailing Address 2108 Tangley

City Houston State TX Zip Code 77005

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  
02 / 23 / 2015

**Transaction ID : SB21B-9035**

Amount of Each Disbursement this Period

211.44

Full Name (Last, First, Middle Initial)

**C. Robert W. Mark**

Mailing Address 2108 Tangley

City Houston State TX Zip Code 77005

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  
02 / 23 / 2015

**Transaction ID : SB21B-9036**

Amount of Each Disbursement this Period

750.00

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

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

999.26

**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. Robert W. Mark**

Mailing Address 2108 Tangley

City Houston State TX Zip Code 77005

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : SB21B-9037**

Amount of Each Disbursement this Period

112.62

Full Name (Last, First, Middle Initial)

**B. Robert W. Mark**

Mailing Address 2108 Tangley

City Houston State TX Zip Code 77005

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  
02 / 23 / 2015

**Transaction ID : SB21B-9038**

Amount of Each Disbursement this Period

23.34

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  
Travel Agent fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2015

**Transaction ID : SB21B-9143**

Amount of Each Disbursement this Period

51.00

See Attached Memo Entry

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

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

186.96



# 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 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) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2015

Transaction ID : SB21B-9143-10000

Amount of Each Disbursement this Period

2327.30
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[MEMO ITEM]  
Memo Entry

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  
Airfare

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
02		23		2015

Transaction ID : SB21B-9144

Amount of Each Disbursement this Period

2327.30
---------

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

### C. United Airlines

Mailing Address 77 W. Wacker Drive

City Chicago State IL Zip Code 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 M	/	D D D	/	Y Y Y Y Y
02		23		2015

Transaction ID : SB21B-9144-10000

Amount of Each Disbursement this Period

2327.30
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[MEMO ITEM]  
Memo Entry

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

2327.30
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**TOTAL** This Period (last page this line number only)..... ▶

2327.30
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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  
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
02		23		2015

**Transaction ID : SB21B-9145**

Amount of Each Disbursement this Period

38213.05
----------

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hilton Chicago**

Mailing Address 720 South Michigan Avenue

City Chicago State IL Zip Code 60605

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
02		23		2015

**Transaction ID : SB21B-9145-10000**

Amount of Each Disbursement this Period

3721.24
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Crowne Plaza Avenue**

Mailing Address 160 E Huron Street

City Chicago State IL Zip Code 60611

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
02		23		2015

**Transaction ID : SB21B-9145-20000**

Amount of Each Disbursement this Period

1694.91
---------

**[MEMO ITEM]**  
Memo Entry

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

38213.05
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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. Hilton Garden Inn**

Mailing Address 1101 4th Avenue South

City Minneapolis State MN Zip Code 55404

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  
02 / 23 / 2015

**Transaction ID : SB21B-9145-30000**

Amount of Each Disbursement this Period

6313.21

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hilton Manhattan East**

Mailing Address 304 E. 42nd Street

City New York State NY Zip Code 10017

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  
02 / 23 / 2015

**Transaction ID : SB21B-9145-40000**

Amount of Each Disbursement this Period

2527.34

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. InterContinental San Francisco**

Mailing Address One Nob Hill

City San Francisco State CA Zip Code 94108

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  
02 / 23 / 2015

**Transaction ID : SB21B-9145-50000**

Amount of Each Disbursement this Period

5457.36

**[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. Intercontinental San Francisco**

Mailing Address Moscone Center  
888 Howard Street

City San Francisco State CA Zip Code 94103

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
02	/	23	/	2015

**Transaction ID : SB21B-9145-60000**

Amount of Each Disbursement this Period

4022.59
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Omni Providence Hotel**

Mailing Address 1 West Exchange Street

City Providence State RI Zip Code 02903

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
02	/	23	/	2015

**Transaction ID : SB21B-9145-70000**

Amount of Each Disbursement this Period

2036.72
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. The Palmer House Hilton**

Mailing Address 17 E Monroe Street

City Chicago State IL Zip Code 60603

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
02	/	23	/	2015

**Transaction ID : SB21B-9145-80000**

Amount of Each Disbursement this Period

5532.40
---------

**[MEMO ITEM]**  
Memo Entry

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

0.00
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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. Residence Inn

Mailing Address 2681 James Street

City Coralville State IA Zip Code 52241

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
02	/	23	/	2015

Transaction ID : SB21B-9145-90000

Amount of Each Disbursement this Period

2324.00
---------

[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 M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : SB21B-9145-10000

Amount of Each Disbursement this Period

3371.28
---------

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

### C. Sheraton Milwaukee Brookfield

Mailing Address 375 S Moorland

City Brookfield State WI Zip Code 53005

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
02	/	23	/	2015

Transaction ID : SB21B-9145-110000

Amount of Each Disbursement this Period

510.00
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[MEMO ITEM]  
Memo Entry

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

0.00
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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. The Westin Book Cadillac**

Mailing Address 1114 Washington Blvd

City Detroit State MI Zip Code 48226

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
02	/	23	/	2015

**Transaction ID : SB21B-9145-120000**

Amount of Each Disbursement this Period

702.00
--------

**[MEMO ITEM]**  
Memo Entry

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  
Car Rental

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
02	/	23	/	2015

**Transaction ID : SB21B-9146**

Amount of Each Disbursement this Period

2135.74
---------

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. Enterprise Rent-A-Car**

Mailing Address PO Box 402383

City Atlanta State GA Zip Code 30384

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 M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

**Transaction ID : SB21B-9146-10000**

Amount of Each Disbursement this Period

2135.74
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**[MEMO ITEM]**  
Memo Entry

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

2135.74
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**TOTAL** This Period (last page this line number only)..... ▶

83756.43
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