

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

ADDRESS (number and street) 430 SOUTH CAPITOL STREET SE

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00460147

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

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

Election on MM/DD/YYYY in the State of

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

Election on MM/DD/YYYY in the State of

5. Covering Period 04/01/2014 through 04/30/2014

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 05/19/2014

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="2014"/>	<input type="text" value="382352.49"/>	<input type="text" value="382352.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="454122.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="63340.81"/>	<input type="text" value="371898.70"/>
(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="517463.19"/>	<input type="text" value="754251.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="122777.79"/>	<input type="text" value="359565.79"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="394685.40"/>	<input type="text" value="394685.40"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	63340.81	371898.70
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))..... ▶	63340.81	371898.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	63340.81	371898.70

DETAILED SUMMARY PAGE
of Disbursements

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	122777.79	359565.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	122777.79	359565.79
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)) ..	122777.79	359565.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122777.79	359565.79

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))	122777.79	359565.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	63340.81	371898.70
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59436.98	-12332.91

**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 72
<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

A. DNC SERVICES CORP.
Full Name (Last, First, Middle Initial)
Mailing Address 430 SOUTH CAPITOL ST SE
City WASHINGTON State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 228569.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2014
Transaction ID : SA15-6923
Amount of Each Receipt this Period
32024.46

B. House Senate Victory Fund
Full Name (Last, First, Middle Initial)
Mailing Address 120 Maryland Avenue, NE
City Washington State DC Zip Code 20002
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 17637.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2014
Transaction ID : SA15-6958
Amount of Each Receipt this Period
17637.50

C. DNC SERVICES CORP.
Full Name (Last, First, Middle Initial)
Mailing Address 430 SOUTH CAPITOL ST SE
City WASHINGTON State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 228569.77

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2014
Transaction ID : SA15-6965
Amount of Each Receipt this Period
13678.85

SUBTOTAL of Receipts This Page (optional).....▶	63340.81
TOTAL This Period (last page this line number only).....▶	63340.81

**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
04 / 07 / 2014

Transaction ID : SB21B-6924

Amount of Each Disbursement this Period

14.18

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6925

Amount of Each Disbursement this Period

8.67

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 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
04 / 07 / 2014

Transaction ID : SB21B-6926

Amount of Each Disbursement this Period

14.55

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

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

37.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB21B-6927

Amount of Each Disbursement this Period

2093.08

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB21B-6928

Amount of Each Disbursement this Period

1634.44

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 In-flight 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
04		07		2014

Transaction ID : SB21B-6929

Amount of Each Disbursement this Period

65.06

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

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

3792.58

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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 Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : SB21B-6930

Amount of Each Disbursement this Period

6	2	9	1	.	5	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : SB21B-6931

Amount of Each Disbursement this Period

1	1	.	2	1
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : SB21B-6932

Amount of Each Disbursement this Period

9	3	1	.	9	5
---	---	---	---	---	---

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

7	2	3	4	.	6	6
---	---	---	---	---	---	---

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

7	2	3	4	.	6	6
---	---	---	---	---	---	---

**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
04 / 07 / 2014

Transaction ID : SB21B-6933

Amount of Each Disbursement this Period

71.22

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6934

Amount of Each Disbursement this Period

7940.72

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 Helo

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6935

Amount of Each Disbursement this Period

1183.04

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

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

9194.98

**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
04 / 07 / 2014

Transaction ID : SB21B-6936

Amount of Each Disbursement this Period

10.67

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6937

Amount of Each Disbursement this Period

5.78

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6938

Amount of Each Disbursement this Period

1046.22

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

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

1062.67

**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. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : **SB21B-6939**

Amount of Each Disbursement this Period

1896.06

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
04 / 07 / 2014

Transaction ID : **SB21B-6940**

Amount of Each Disbursement this Period

236.70

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 Helo

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : **SB21B-6941**

Amount of Each Disbursement this Period

417.86

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

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

2550.62

**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 Helo

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6942

Amount of Each Disbursement this Period

985.40

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6943

Amount of Each Disbursement this Period

5049.84

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 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
04 / 07 / 2014

Transaction ID : SB21B-6944

Amount of Each Disbursement this Period

8.49

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

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

6043.73

**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. 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
04 / 07 / 2014

Transaction ID : SB21B-6945

Amount of Each Disbursement this Period

10.11

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
04 / 07 / 2014

Transaction ID : SB21B-6946

Amount of Each Disbursement this Period

657.36

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 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
04 / 07 / 2014

Transaction ID : SB21B-6947

Amount of Each Disbursement this Period

19.37

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

686.84

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
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

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB21B-6948

Amount of Each Disbursement this Period

22.25

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB21B-6949

Amount of Each Disbursement this Period

8.61

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB21B-6950

Amount of Each Disbursement this Period

273.34

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

304.20

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. 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
04 / 07 / 2014

Transaction ID : SB21B-6951

Amount of Each Disbursement this Period

22.10

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6952

Amount of Each Disbursement this Period

1162.60

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6953

Amount of Each Disbursement this Period

633.21

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

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

1817.91

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6954

Amount of Each Disbursement this Period

565.14

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) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6955

Amount of Each Disbursement this Period

596.46

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 Helo

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6956

Amount of Each Disbursement this Period

1457.00

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

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

2618.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. 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) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : SB21B-6957

Amount of Each Disbursement this Period

1192.43

Category/
Type

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA,NA

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

City RICHMOND State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2014

Transaction ID : SB21B-7210

Amount of Each Disbursement this Period

124.34

Category/
Type

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
04 / 16 / 2014

Transaction ID : SB21B-7206

Amount of Each Disbursement this Period

136.00

Category/
Type

See Attached Memo Entry

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

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

1452.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B-7206-10000

Amount of Each Disbursement this Period

136.00

[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
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B-7207

Amount of Each Disbursement this Period

3466.50

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address 4333 Amon Carter Boulevard

City Fort Worth State TX Zip Code 76155

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B-7207-10000

Amount of Each Disbursement this Period

-627.00

[MEMO ITEM]
Memo Entry

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

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

3466.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Delta Air Lines, Inc.

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30320

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B-7207-20000

Amount of Each Disbursement this Period

-1350.00

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B-7207-30000

Amount of Each Disbursement this Period

4395.00

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. US Airways Group Inc.

Mailing Address 111 W. Rio Salado Pkwy

City Tempe State AZ Zip Code 85281

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B-7207-40000

Amount of Each Disbursement this Period

1048.50

[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. AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B-7208

Amount of Each Disbursement this Period

12056.50

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

B. The Beverly Wilshire Hotel

Mailing Address 9500 Wilshire Boulevard

City Beverly Hills State CA Zip Code 90212

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
04 / 16 / 2014

Transaction ID : SB21B-7208-10000

Amount of Each Disbursement this Period

406.23

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. Hampton Inn Logan Airport

Mailing Address 230 Lee Burbank Highway

City Revere State MA Zip Code 02151

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
04 / 16 / 2014

Transaction ID : SB21B-7208-20000

Amount of Each Disbursement this Period

307.90

[MEMO ITEM]
Memo Entry

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

12056.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Hilton Long Island/Huntington

Mailing Address 598 Broadhollow Road

City Melville State NY Zip Code 11747

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
0	4			1	6			2	0	1	4		

Transaction ID : SB21B-7208-25000

Amount of Each Disbursement this Period

1	1	4	7	9
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[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. Holiday Inn Brookline

Mailing Address 1200 Beacon Street

City Brookline State MA Zip Code 02446

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
0	4			1	6			2	0	1	4		

Transaction ID : SB21B-7208-30000

Amount of Each Disbursement this Period

5	1	3	1	2	0
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[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. Holiday Inn Express Allen Park

Mailing Address 3600 Enterprise Drive

City Allen Park State MI Zip Code 48101

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
0	4			1	6			2	0	1	4		

Transaction ID : SB21B-7208-40000

Amount of Each Disbursement this Period

4	3	1	2	8
---	---	---	---	---

[MEMO ITEM]
Memo Entry

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

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

0	0	0
---	---	---

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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. InterContinental New York Barclay

Mailing Address 111 East 48th 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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

Transaction ID : SB21B-7208-50000

Amount of Each Disbursement this Period

2	1	9	3	.	3	2
---	---	---	---	---	---	---

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. Residence Inn Coconut Grove

Mailing Address 2835 Tigertail Avenue

City Coconut Grove State FL Zip Code 33133

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

Transaction ID : SB21B-7208-60000

Amount of Each Disbursement this Period

-	4	8	6	.	0	0
---	---	---	---	---	---	---

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. The Westin Kierland

Mailing Address 6902 East Greenway Parkway

City Scottsdale State AZ Zip Code 85254

Purpose of Disbursement
Lodging & Catering

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

Transaction ID : SB21B-7208-70000

Amount of Each Disbursement this Period

7	3	0	0	.	7	8
---	---	---	---	---	---	---

[MEMO ITEM]
Memo Entry

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

0	0	0
---	---	---

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

0	0	0
---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. 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

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B-7209

Amount of Each Disbursement this Period

6304.47

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
04 / 16 / 2014

Transaction ID : SB21B-7209-10000

Amount of Each Disbursement this Period

2664.31

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. Hertz Car Rental

Mailing Address Miami International Airport
3795 Northwest 21st Street

City Miami State FL Zip Code 33142

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
04 / 16 / 2014

Transaction ID : SB21B-7209-20000

Amount of Each Disbursement this Period

1965.98

[MEMO ITEM]
Memo Entry

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

6304.47

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. Hertz Car Rental

Mailing Address 1 Airport Road-140
Manchester Airport

City Manchester State NH Zip Code 03101

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
04 / 16 / 2014

Transaction ID : SB21B-7209-30000

Amount of Each Disbursement this Period

286.17

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

B. Hertz Rent A Car

Mailing Address 4501 20th Avenue

City Astoria State NY Zip Code 11105

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
04 / 16 / 2014

Transaction ID : SB21B-7209-40000

Amount of Each Disbursement this Period

1301.83

[MEMO ITEM]
Memo Entry

Full Name (Last, First, Middle Initial)

C. Plate Pass

Mailing Address 7681 East Gray Road

City Scottsdale State AZ Zip Code 85260

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
04 / 16 / 2014

Transaction ID : SB21B-7209-50000

Amount of Each Disbursement this Period

86.18

[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. Emily Boyle

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

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	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	4

Transaction ID : SB21B-6967

Amount of Each Disbursement this Period

1	4	.	1	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Emily Boyle

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

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	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	4

Transaction ID : SB21B-6968

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Emily Boyle

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	4

Transaction ID : SB21B-6969

Amount of Each Disbursement this Period

1	5	9	.	4
---	---	---	---	---

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

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

1	1	7	0	.	0	4
---	---	---	---	---	---	---

1	1	7	0	.	0	4
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Emily Boyle

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

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
04 / 17 / 2014

Transaction ID : SB21B-6970

Amount of Each Disbursement this Period

40.45

Full Name (Last, First, Middle Initial)

B. Emily Boyle

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

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
04 / 17 / 2014

Transaction ID : SB21B-6971

Amount of Each Disbursement this Period

3.50

Full Name (Last, First, Middle Initial)

C. Budget Rent-A-Car Systems, Inc.

Mailing Address 14297 Collections Center Drive

City Chicago State IL Zip Code 60693

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
04 / 17 / 2014

Transaction ID : SB21B-6972

Amount of Each Disbursement this Period

1699.56

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

1743.51

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. Budget Rent-A-Car Systems, Inc.

Mailing Address 14297 Collections Center Drive

City Chicago State IL Zip Code 60693

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
04 / 17 / 2014

Transaction ID : SB21B-6973

Amount of Each Disbursement this Period

270.88

Full Name (Last, First, Middle Initial)

B. Budget Rent-A-Car Systems, Inc.

Mailing Address 14297 Collections Center Drive

City Chicago State IL Zip Code 60693

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
04 / 17 / 2014

Transaction ID : SB21B-6974

Amount of Each Disbursement this Period

1385.09

Full Name (Last, First, Middle Initial)

C. James R. Denbo

Mailing Address 6006 Overlea Road

City Bethesda State MD Zip Code 20816

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
04 / 17 / 2014

Transaction ID : SB21B-6975

Amount of Each Disbursement this Period

212.29

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

1868.26

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. James T. Doody

Mailing Address 44 Hidden Valley Drive

City Newark State DE Zip Code 19711

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
04		17		2014

Transaction ID : SB21B-6976

Amount of Each Disbursement this Period

67.20

Full Name (Last, First, Middle Initial)

B. James T. Doody

Mailing Address 44 Hidden Valley Drive

City Newark State DE Zip Code 19711

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
04		17		2014

Transaction ID : SB21B-6977

Amount of Each Disbursement this Period

8.32

Full Name (Last, First, Middle Initial)

C. James T. Doody

Mailing Address 44 Hidden Valley Drive

City Newark State DE Zip Code 19711

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
04		17		2014

Transaction ID : SB21B-6978

Amount of Each Disbursement this Period

212.29

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

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

287.81

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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. James T. Doody

Mailing Address 44 Hidden Valley Drive

City Newark State DE Zip Code 19711

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
04	/	17	/	2014

Transaction ID : SB21B-6979

Amount of Each Disbursement this Period

9	2	.	9	2
23.92				

Full Name (Last, First, Middle Initial)

B. James T. Doody

Mailing Address 44 Hidden Valley Drive

City Newark State DE Zip Code 19711

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
04	/	17	/	2014

Transaction ID : SB21B-6980

Amount of Each Disbursement this Period

4	3	.	2	4
43.24				

Full Name (Last, First, Middle Initial)

C. Richard J. Dziejak Jr.

Mailing Address 159 Essex Street, Apt B

City New York State NY Zip Code 10002

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : SB21B-6981

Amount of Each Disbursement this Period

8	7	.	5	0
875.00				

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

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

9	4	.	2	1
942.16				

9	4	.	2	1
942.16				

**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. Richard J. Dziepak Jr.

Mailing Address 159 Essex Street, Apt B

City New York State NY Zip Code 10002

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
04 / 17 / 2014

Transaction ID : SB21B-6982

Amount of Each Disbursement this Period

41.00

Full Name (Last, First, Middle Initial)

B. Jennifer Grace

Mailing Address 4673 Bailey Road

City Dimondale State MI Zip Code 48821

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
04 / 17 / 2014

Transaction ID : SB21B-6983

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jennifer Grace

Mailing Address 4673 Bailey Road

City Dimondale State MI Zip Code 48821

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
04 / 17 / 2014

Transaction ID : SB21B-6984

Amount of Each Disbursement this Period

37.67

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

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

1078.67

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. Matthew M. Harney

Mailing Address 32 S Huntington Ave, Apt 2

City State Zip Code
Jamaica Plain MA 02130

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
04	/	17	/	2014

Transaction ID : SB21B-6985

Amount of Each Disbursement this Period

999,999.99
50.00

Full Name (Last, First, Middle Initial)

B. Matthew M. Harney

Mailing Address 32 S Huntington Ave, Apt 2

City State Zip Code
Jamaica Plain MA 02130

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
04	/	17	/	2014

Transaction ID : SB21B-6986

Amount of Each Disbursement this Period

999,999.99
875.00

Full Name (Last, First, Middle Initial)

C. Matthew M. Harney

Mailing Address 32 S Huntington Ave, Apt 2

City State Zip Code
Jamaica Plain MA 02130

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

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : SB21B-6987

Amount of Each Disbursement this Period

999,999.99
73.80

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

999,999.99
998.80

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

999,999.99
998.80

**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. Matthew M. Harney

Mailing Address 32 S Huntington Ave, Apt 2

City State Zip Code
Jamaica Plain MA 02130

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
04	/	17	/	2014

Transaction ID : SB21B-6988

Amount of Each Disbursement this Period

38.92

Full Name (Last, First, Middle Initial)

B. Matthew M. Harney

Mailing Address 32 S Huntington Ave, Apt 2

City State Zip Code
Jamaica Plain MA 02130

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
04	/	17	/	2014

Transaction ID : SB21B-6989

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Divya Kantamneni

Mailing Address 4230 Willow Bend Court SE

City State Zip Code
Decatur AL 35603

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
04	/	17	/	2014

Transaction ID : SB21B-6990

Amount of Each Disbursement this Period

14.68

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

63.60

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. Divya Kantamneni

Mailing Address 4230 Willow Bend Court SE

City Decatur State AL Zip Code 35603

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
04 / 17 / 2014

Transaction ID : SB21B-6991

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Divya Kantamneni

Mailing Address 4230 Willow Bend Court SE

City Decatur State AL Zip Code 35603

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
04 / 17 / 2014

Transaction ID : SB21B-6992

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Divya Kantamneni

Mailing Address 4230 Willow Bend Court SE

City Decatur State AL Zip Code 35603

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
04 / 17 / 2014

Transaction ID : SB21B-6993

Amount of Each Disbursement this Period

37.57

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

962.57

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Phylicia S. Matheson

Mailing Address 145-70 223rd Street

City Springfield Garden State NY Zip Code 11413

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
04	/	17	/	2014

Transaction ID : SB21B-6994

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

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
04	/	17	/	2014

Transaction ID : SB21B-6995

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

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
04	/	17	/	2014

Transaction ID : SB21B-6996

Amount of Each Disbursement this Period

1000.00

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

1800.00

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. 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
04 / 17 / 2014

Transaction ID : SB21B-6997

Amount of Each Disbursement this Period

13.44

Full Name (Last, First, Middle Initial)

B. Francis Person

Mailing Address 155 Potomac Passage, #222

City Oxon Hill State MD Zip Code 20745

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
04 / 17 / 2014

Transaction ID : SB21B-6998

Amount of Each Disbursement this Period

10.92

Full Name (Last, First, Middle Initial)

C. Hannah M. Pincus

Mailing Address 301 Tingey St, SE, #426

City Washington State DC Zip Code 20003

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
04 / 17 / 2014

Transaction ID : SB21B-6999

Amount of Each Disbursement this Period

1000.00

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

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

1024.36

**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. Hannah M. Pincus

Mailing Address 301 Tingey St, SE, #426

City Washington State DC Zip Code 20003

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
04 / 17 / 2014

Transaction ID : SB21B-7000

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Rachel M. Ruskin

Mailing Address 1346 Park Road, NW, Apt 3E

City Washington State DC Zip Code 20010

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B-7001

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Erin K. Sandknop

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B-7002

Amount of Each Disbursement this Period

40.32

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

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

965.32

**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. Erin K. Sandknop

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	4

Transaction ID : SB21B-7003

Amount of Each Disbursement this Period

8	.	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Erin K. Sandknop

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement
Travel Taxi/Public/POV

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
0	4		1	7		2	0	1	4

Transaction ID : SB21B-7004

Amount of Each Disbursement this Period

4	.	2	6
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Erin K. Sandknop

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	4

Transaction ID : SB21B-7005

Amount of Each Disbursement this Period

6	.	3	6
---	---	---	---

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

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

1	8	.	6	2
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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. 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
04 / 17 / 2014

Transaction ID : SB21B-7006

Amount of Each Disbursement this Period

85.92

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
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
04 / 17 / 2014

Transaction ID : SB21B-7007

Amount of Each Disbursement this Period

0.55

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
04 / 17 / 2014

Transaction ID : SB21B-7008

Amount of Each Disbursement this Period

2.13

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

88.60

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) ▼

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B-7009

Amount of Each Disbursement this Period

173.18

Category/
Type

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) ▼

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B-7010

Amount of Each Disbursement this Period

608.59

Category/
Type

Full Name (Last, First, Middle Initial)

C. Marguerite Clavel

Mailing Address 511 Independence Ave., 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) ▼

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B-7034

Amount of Each Disbursement this Period

13.44

Category/
Type

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

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

795.21

**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. Marguerite Clavel

Mailing Address 511 Independence Ave., 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SB21B-7035

Amount of Each Disbursement this Period

13.85

Full Name (Last, First, Middle Initial)

B. Thomas M. Kerr II

Mailing Address 10024 LaSalle Blvd.

City Huntington Woods State MI Zip Code 48070

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
04		17		2014

Transaction ID : SB21B-7036

Amount of Each Disbursement this Period

67.20

Full Name (Last, First, Middle Initial)

C. Thomas M. Kerr II

Mailing Address 10024 LaSalle Blvd.

City Huntington Woods State MI Zip Code 48070

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
04		17		2014

Transaction ID : SB21B-7037

Amount of Each Disbursement this Period

19.71

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

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

100.76

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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. 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
04 / 17 / 2014

Transaction ID : SB21B-7038

Amount of Each Disbursement this Period

13.44

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
04 / 17 / 2014

Transaction ID : SB21B-7039

Amount of Each Disbursement this Period

13.85

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 In-flight Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B-7040

Amount of Each Disbursement this Period

15.58

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

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

42.87

**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. 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

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : SB21B-7041

Amount of Each Disbursement this Period

560.74

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : SB21B-7042

Amount of Each Disbursement this Period

1426.55

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 In-flight 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
04	/	17	/	2014

Transaction ID : SB21B-7043

Amount of Each Disbursement this Period

96.73

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

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

2084.02

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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
04 / 17 / 2014

Transaction ID : **SB21B-7044**

Amount of Each Disbursement this Period

99.91

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : **SB21B-7045**

Amount of Each Disbursement this Period

3542.34

Full Name (Last, First, Middle Initial)

C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : **SB21B-7046**

Amount of Each Disbursement this Period

6911.11

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

10553.36

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift Helo

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
04		17		2014

Transaction ID : **SB21B-7047**

Amount of Each Disbursement this Period

2681.70

Full Name (Last, First, Middle Initial)

B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement
White House Airlift In-flight Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : **SB21B-7048**

Amount of Each Disbursement this Period

32.16

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 In-flight 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
04		17		2014

Transaction ID : **SB21B-7049**

Amount of Each Disbursement this Period

58.65

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

2772.51

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 Helo

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B-7050

Amount of Each Disbursement this Period

1002.30

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
04 / 17 / 2014

Transaction ID : SB21B-7051

Amount of Each Disbursement this Period

563.32

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 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
04 / 17 / 2014

Transaction ID : SB21B-7052

Amount of Each Disbursement this Period

36.97

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

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

1602.59

**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. 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

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : SB21B-7053

Amount of Each Disbursement this Period

2026.21

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : SB21B-7054

Amount of Each Disbursement this Period

915.73

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

M M M	/	D D D	/	Y Y Y Y Y
04	/	17	/	2014

Transaction ID : SB21B-7055

Amount of Each Disbursement this Period

4639.63

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

7581.57

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 Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : SB21B-7056

Amount of Each Disbursement this Period

8802.98

Full Name (Last, First, Middle Initial)

B. Charles M. Allen

Mailing Address 3855 Victoria 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

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-7057

Amount of Each Disbursement this Period

147.68

Full Name (Last, First, Middle Initial)

C. Emily Boyle

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

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
04 / 24 / 2014

Transaction ID : SB21B-7058

Amount of Each Disbursement this Period

875.00

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

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

9825.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Emily Boyle

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

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
04 / 24 / 2014

Transaction ID : SB21B-7059

Amount of Each Disbursement this Period

52.05

Full Name (Last, First, Middle Initial)

B. Emily Boyle

Mailing Address 10210 S. Artesian Ave

City Chicago State IL Zip Code 60655

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
04 / 24 / 2014

Transaction ID : SB21B-7060

Amount of Each Disbursement this Period

56.00

Full Name (Last, First, Middle Initial)

C. Julia Campbell

Mailing Address 2045 W. Thomas Street

City Chicago State IL Zip Code 60622

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
04 / 24 / 2014

Transaction ID : SB21B-7061

Amount of Each Disbursement this Period

875.00

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

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

983.05

**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. Julia Campbell

Mailing Address 2045 W. Thomas Street

City Chicago State IL Zip Code 60622

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

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : SB21B-7062

Amount of Each Disbursement this Period

40.50

Full Name (Last, First, Middle Initial)

B. Marguerite Clavel

Mailing Address 511 Independence Ave., 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

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : SB21B-7063

Amount of Each Disbursement this Period

72.78

Full Name (Last, First, Middle Initial)

C. Chynna Clayton

Mailing Address 5041 Suitland Road

City Suitland State MD Zip Code 20746

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
04		24		2014

Transaction ID : SB21B-7064

Amount of Each Disbursement this Period

495.00

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

608.28

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. Chynna Clayton

Mailing Address 5041 Suitland Road

City Suitland State MD Zip Code 20746

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
04 / 24 / 2014

Transaction ID : SB21B-7065

Amount of Each Disbursement this Period

163.00

Full Name (Last, First, Middle Initial)

B. Chynna Clayton

Mailing Address 5041 Suitland Road

City Suitland State MD Zip Code 20746

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
04 / 24 / 2014

Transaction ID : SB21B-7066

Amount of Each Disbursement this Period

56.32

Full Name (Last, First, Middle Initial)

C. Steven Feder

Mailing Address 215 East 24th Street
Apt. 319

City New York State NY Zip Code 10010

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
04 / 24 / 2014

Transaction ID : SB21B-7067

Amount of Each Disbursement this Period

193.83

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

413.15

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. Alexander V. Frieden

Mailing Address 819 N Cleveland Street

City State Zip Code
Arlington VA 22201

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
04		24		2014

Transaction ID : SB21B-7068

Amount of Each Disbursement this Period

495.00

Full Name (Last, First, Middle Initial)

B. Harvey S. Greene

Mailing Address 7589 N.W. 117th Street

City State Zip Code
Parkland FL 33076

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
04		24		2014

Transaction ID : SB21B-7069

Amount of Each Disbursement this Period

181.50

Full Name (Last, First, Middle Initial)

C. Harvey S. Greene

Mailing Address 7589 N.W. 117th Street

City State Zip Code
Parkland FL 33076

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
04		24		2014

Transaction ID : SB21B-7070

Amount of Each Disbursement this Period

14.53

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

691.03

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. Harvey S. Greene

Mailing Address 7589 N.W. 117th Street

City Parkland State FL Zip Code 33076

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-7071

Amount of Each Disbursement this Period

5.50

Full Name (Last, First, Middle Initial)

B. Connolly J. Keigher

Mailing Address 735 Park Street

City Manteno State IL Zip Code 60950

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
04 / 24 / 2014

Transaction ID : SB21B-7072

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Connolly J. Keigher

Mailing Address 735 Park Street

City Manteno State IL Zip Code 60950

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
04 / 24 / 2014

Transaction ID : SB21B-7073

Amount of Each Disbursement this Period

29.39

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

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

909.89

**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. Connolly J. Keigher

Mailing Address 735 Park Street

City Manteno State IL Zip Code 60950

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
04 / 24 / 2014

Transaction ID : SB21B-7074

Amount of Each Disbursement this Period

68.00

Full Name (Last, First, Middle Initial)

B. Durwin Lairy

Mailing Address 612 Rock Creek Church Road, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-7075

Amount of Each Disbursement this Period

375.00

Full Name (Last, First, Middle Initial)

C. John E. Leeper

Mailing Address 1005A Spring Hill Road

City McLean State VA Zip Code 22102

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
04 / 24 / 2014

Transaction ID : SB21B-7076

Amount of Each Disbursement this Period

247.50

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

690.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. John E. Leeper

Mailing Address 1005A Spring Hill Road

City McLean State VA Zip Code 22102

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
04		24		2014

Transaction ID : SB21B-7077

Amount of Each Disbursement this Period

14.50

Full Name (Last, First, Middle Initial)

B. John E. Leeper

Mailing Address 1005A Spring Hill Road

City McLean State VA Zip Code 22102

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
04		24		2014

Transaction ID : SB21B-7078

Amount of Each Disbursement this Period

17.65

Full Name (Last, First, Middle Initial)

C. John E. Leeper

Mailing Address 1005A Spring Hill Road

City McLean State VA Zip Code 22102

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
04		24		2014

Transaction ID : SB21B-7079

Amount of Each Disbursement this Period

56.00

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

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

88.15

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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. Jesse Lewin

Mailing Address 576 Vine Ave

City Highland Park State IL Zip Code 60035

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
04 / 24 / 2014

Transaction ID : SB21B-7080

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. Jesse Lewin

Mailing Address 576 Vine Ave

City Highland Park State IL Zip Code 60035

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
04 / 24 / 2014

Transaction ID : SB21B-7081

Amount of Each Disbursement this Period

12.75

Full Name (Last, First, Middle Initial)

C. Jesse Lewin

Mailing Address 576 Vine Ave

City Highland Park State IL Zip Code 60035

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
04 / 24 / 2014

Transaction ID : SB21B-7082

Amount of Each Disbursement this Period

45.38

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

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

933.13

**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. Jesse Lewin

Mailing Address 576 Vine Ave

City Highland Park State IL Zip Code 60035

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	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	4

Transaction ID : SB21B-7083

Amount of Each Disbursement this Period

2	4	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Jeanne R. Long

Mailing Address 6038 Carlton Way, #203

City Los Angeles State CA Zip Code 90028

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
0	4		2	4		2	0	1	4

Transaction ID : SB21B-7084

Amount of Each Disbursement this Period

1	9	1	.	7	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Jeanne R. Long

Mailing Address 6038 Carlton Way, #203

City Los Angeles State CA Zip Code 90028

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	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	4

Transaction ID : SB21B-7085

Amount of Each Disbursement this Period

2	7	.	7	2
---	---	---	---	---

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

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

2	4	3	.	4	2
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2	4	3	.	4	2
---	---	---	---	---	---

**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. Jeanne R. Long

Mailing Address 6038 Carlton Way, #203

City Los Angeles State CA Zip Code 90028

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
04		24		2014

Transaction ID : SB21B-7086

Amount of Each Disbursement this Period

4.20

Full Name (Last, First, Middle Initial)

B. Eric LoVecchio

Mailing Address 200 N. San Fernando Road, #209

City Los Angeles State CA Zip Code 90031

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
04		24		2014

Transaction ID : SB21B-7087

Amount of Each Disbursement this Period

30.50

Full Name (Last, First, Middle Initial)

C. Eric LoVecchio

Mailing Address 200 N. San Fernando Road, #209

City Los Angeles State CA Zip Code 90031

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
04		24		2014

Transaction ID : SB21B-7088

Amount of Each Disbursement this Period

875.00

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

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

909.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Eric LoVecchio

Mailing Address 200 N. San Fernando Road, #209

City Los Angeles State CA Zip Code 90031

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

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2014

Transaction ID : SB21B-7089

Amount of Each Disbursement this Period

94.08

Full Name (Last, First, Middle Initial)

B. Eric LoVecchio

Mailing Address 200 N. San Fernando Road, #209

City Los Angeles State CA Zip Code 90031

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

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2014

Transaction ID : SB21B-7090

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Anna Markowitz

Mailing Address 21 Bellair Drive

City Dobbs Ferry State NY Zip Code 10522

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
04	/	24	/	2014

Transaction ID : SB21B-7091

Amount of Each Disbursement this Period

193.82

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

297.90

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. Anna Markowitz

Mailing Address 21 Bellair Drive

City Dobbs Ferry State NY Zip Code 10522

Purpose of Disbursement
Train/Bus Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-7092

Amount of Each Disbursement this Period

77.60

Full Name (Last, First, Middle Initial)

B. Anna Markowitz

Mailing Address 21 Bellair Drive

City Dobbs Ferry State NY Zip Code 10522

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
04 / 24 / 2014

Transaction ID : SB21B-7093

Amount of Each Disbursement this Period

21.00

Full Name (Last, First, Middle Initial)

C. Anna Markowitz

Mailing Address 21 Bellair Drive

City Dobbs Ferry State NY Zip Code 10522

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
04 / 24 / 2014

Transaction ID : SB21B-7094

Amount of Each Disbursement this Period

27.08

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

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

125.68

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 Markowitz

Mailing Address 21 Bellair Drive

City Dobbs Ferry State NY Zip Code 10522

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
04		24		2014

Transaction ID : SB21B-7095

Amount of Each Disbursement this Period

6.30

Full Name (Last, First, Middle Initial)

B. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

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
04		24		2014

Transaction ID : SB21B-7096

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

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
04		24		2014

Transaction ID : SB21B-7097

Amount of Each Disbursement this Period

875.00

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

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

931.30

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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. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

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
04 / 24 / 2014

Transaction ID : SB21B-7098

Amount of Each Disbursement this Period

68.81

Full Name (Last, First, Middle Initial)

B. Alice Muglia

Mailing Address 75 DeForest Road

City Wilton State CT Zip Code 06897

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
04 / 24 / 2014

Transaction ID : SB21B-7099

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Alice Muglia

Mailing Address 75 DeForest Road

City Wilton State CT Zip Code 06897

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
04 / 24 / 2014

Transaction ID : SB21B-7100

Amount of Each Disbursement this Period

180.00

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

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

1123.81

**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. Alice Muglia

Mailing Address 75 DeForest Road

City Wilton State CT Zip Code 06897

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
04	/	24	/	2014

Transaction ID : SB21B-7101

Amount of Each Disbursement this Period

31.74

Full Name (Last, First, Middle Initial)

B. Alice Muglia

Mailing Address 75 DeForest Road

City Wilton State CT Zip Code 06897

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
04	/	24	/	2014

Transaction ID : SB21B-7102

Amount of Each Disbursement this Period

4.50

Full Name (Last, First, Middle Initial)

C. Francis Person

Mailing Address 155 Potomac Passage, #222

City Oxon Hill State MD Zip Code 20745

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
04	/	24	/	2014

Transaction ID : SB21B-7103

Amount of Each Disbursement this Period

72.78

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

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

109.02

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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. Emily Petty

Mailing Address 1223 Wilshire Blvd, #168

City Santa Monica State CA Zip Code 90403

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
04 / 24 / 2014

Transaction ID : SB21B-7104

Amount of Each Disbursement this Period

191.70

Full Name (Last, First, Middle Initial)

B. Emily Petty

Mailing Address 1223 Wilshire Blvd, #168

City Santa Monica State CA Zip Code 90403

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
04 / 24 / 2014

Transaction ID : SB21B-7105

Amount of Each Disbursement this Period

7.25

Full Name (Last, First, Middle Initial)

C. Jacob T. Ranish

Mailing Address 3787 Sky Farm Drive

City Santa Rosa State CA Zip Code 95403

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
04 / 24 / 2014

Transaction ID : SB21B-7106

Amount of Each Disbursement this Period

404.70

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

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

603.65

**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. Jacob T. Ranish

Mailing Address 3787 Sky Farm Drive

City Santa Rosa State CA Zip Code 95403

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
04		24		2014

Transaction ID : SB21B-7107

Amount of Each Disbursement this Period

27.93

Full Name (Last, First, Middle Initial)

B. Jacob T. Ranish

Mailing Address 3787 Sky Farm Drive

City Santa Rosa State CA Zip Code 95403

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
04		24		2014

Transaction ID : SB21B-7108

Amount of Each Disbursement this Period

59.39

Full Name (Last, First, Middle Initial)

C. Daniel Raskov

Mailing Address 316 San Vicente Blvd.
Suite 209

City Santa Monica State CA Zip Code 90402-1673

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
04		24		2014

Transaction ID : SB21B-7109

Amount of Each Disbursement this Period

290.75

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

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

378.07

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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. Glen Ryniewski

Mailing Address 6104 W. Henderson

City Chicago State IL Zip Code 60634

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
04 / 24 / 2014

Transaction ID : SB21B-7110

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. 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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-7111

Amount of Each Disbursement this Period

75.88

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 Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-7112

Amount of Each Disbursement this Period

140.00

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

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

1090.88

**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

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2014

Transaction ID : SB21B-7113

Amount of Each Disbursement this Period

72.78

Full Name (Last, First, Middle Initial)

B. Timothy W. Sneed

Mailing Address 101 S. Whiting Street
Apt 808

City Alexandria State VA Zip Code 22304

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
04	/	24	/	2014

Transaction ID : SB21B-7114

Amount of Each Disbursement this Period

132.44

Full Name (Last, First, Middle Initial)

C. Christina M. Tchen

Mailing Address 725 17th Street, NW

City Washington State DC Zip Code 20503

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
04	/	24	/	2014

Transaction ID : SB21B-7115

Amount of Each Disbursement this Period

17.04

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

222.26

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. 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

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : SB21B-7116

Amount of Each Disbursement this Period

15.79

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
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
04		24		2014

Transaction ID : SB21B-7117

Amount of Each Disbursement this Period

10.02

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 Parking

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
04		24		2014

Transaction ID : SB21B-7118

Amount of Each Disbursement this Period

33.31

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

59.12

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. 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
04 / 24 / 2014

Transaction ID : SB21B-7119

Amount of Each Disbursement this Period

1618.06

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
04 / 24 / 2014

Transaction ID : SB21B-7120

Amount of Each Disbursement this Period

36.88

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
04 / 24 / 2014

Transaction ID : SB21B-7121

Amount of Each Disbursement this Period

37.15

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

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

1692.09

**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
04 / 24 / 2014

Transaction ID : SB21B-7122

Amount of Each Disbursement this Period

33.61

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
Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B-7123

Amount of Each Disbursement this Period

19.69

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
04 / 24 / 2014

Transaction ID : SB21B-7124

Amount of Each Disbursement this Period

536.73

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

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

590.03

**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
04 / 24 / 2014

Transaction ID : SB21B-7125

Amount of Each Disbursement this Period

30.00

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
04 / 24 / 2014

Transaction ID : SB21B-7126

Amount of Each Disbursement this Period

1372.70

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
04 / 24 / 2014

Transaction ID : SB21B-7127

Amount of Each Disbursement this Period

184.26

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

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

1586.96

**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. WHITE HOUSE AIRLIFT OPERATIONS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

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-7128

Amount of Each Disbursement this Period

501.42

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

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Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

--

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

501.42

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

122777.79
