

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Association of State Democratic Chairs

ADDRESS (number and street) 430 S. Capitol Street SE
 Check if different than previously reported. (ACC)
Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** C00259481
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 01 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ann Fishman

Signature of Treasurer Electronically Filed by Ann Fishman Date 02 21 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

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

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee has very limited administrative expenses because it contracts for services and does not maintain an office or staff. What administrative costs it does incur are primarily, if not exclusively, for travel and meeting expenses. These limited administrative costs are fully disclosed on its reports.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Association of State Democratic Chairs

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		28771.59
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	28771.59									
(c) Total Receipts (from Line 19)	52446.03	52446.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81217.62	81217.62								
7. Total Disbursements (from Line 31)	37565.32	37565.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43652.30	43652.30								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Association of State Democratic Chairs

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	100.00	100.00
12. Transfers From Affiliated/Other Party Committees	51682.78	51682.78
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	663.25	663.25
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	52446.03	52446.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52446.03	52446.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	37565.32	37565.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	37565.32	37565.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37565.32	37565.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37565.32	37565.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	100.00	100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.00	100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37565.32	37565.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	663.25	663.25
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36902.07	36902.07

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15
(check only one)

11a 11b 11c 12
 13 14 15 16 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)
Association of State Democratic Chairs

A. Full Name (Last, First, Middle Initial)
Arizona Democratic Party

Mailing Address 1329 2910 North Central Ave.

City State Zip Code
Phoenix AZ 85012

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2010

Transaction ID: 12-01-02256-04349

Amount of Each Receipt this Period
1200.00

B. Full Name (Last, First, Middle Initial)
New Hampshire Democratic Party

Mailing Address 150 N. Main Street

City State Zip Code
Concord NH 03301

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5482.78

Date of Receipt
MM / DD / YYYY
01 / 13 / 2010

Transaction ID: 12-01-02257-04350

Amount of Each Receipt this Period
5482.78

C. Full Name (Last, First, Middle Initial)
Florida Democratic Party

Mailing Address 517 N. Calhoun St.

City State Zip Code
Tallahassee FL 32302

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: 12-01-02259-04352

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **11682.78**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dollars for Democrats

Mailing Address 430 S Capital St., SE

City	State	Zip Code
Washington	DC	20003

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 12-01-02260-04353

Amount of Each Receipt this Period

40000.00

Transfer

SUBTOTAL of Receipts This Page (optional)	▶	40000.00
TOTAL This Period (last page this line number only)	▶	51682.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

A.	Full Name (Last, First, Middle Initial) Raymond Buckley		Date of Receipt																					
	Mailing Address 24 Gabrielle Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		1	3		2	0	1	0														
	City State Zip Code Manchester NH 03103		Transaction ID: 15-01-02257-04357																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 493.25																						
Name of Employer Occupation		Reimbursement for Travel Expenses																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 493.25																						

SUBTOTAL of Receipts This Page (optional)	▶	493.25
TOTAL This Period (last page this line number only)	▶	493.25

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nexus Strategies, Inc	Transaction ID: 21b-01-02242-04320 Date of Disbursement 01 / 05 / 2010
	Mailing Address 434 Fayetteville Street Suite 2020	Amount of Each Disbursement this Period 1257.55
	City Raleigh State NC Zip Code 27601	
	Purpose of Disbursement Consulting Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Financial Innovations	Transaction ID: 21b-01-02245-04323 Date of Disbursement 01 / 05 / 2010
	Mailing Address 100 1st Avenue	Amount of Each Disbursement this Period 262.57
	City Cranston State RI Zip Code 02910	
	Purpose of Disbursement Banner	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Perkins Coie LLP	Transaction ID: 21b-01-02247-04325 Date of Disbursement 01 / 08 / 2010
	Mailing Address 1201 Third Avenue, 40th Floor	Amount of Each Disbursement this Period 4828.10
	City Seattle State WA Zip Code 98101-3099	
	Purpose of Disbursement Legal Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

6348.22

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02249-0000 Date of Disbursement
	Mailing Address PO Box 114	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="31895.49"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 21b-01-02249-04360 Date of Disbursement
	Mailing Address PO Box 36647	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation	<input type="text" value="201.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Fountainebleu Resort	Transaction ID: 21b-01-02249-04342 Date of Disbursement
	Mailing Address 4441 Collins Avenue	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Miami Beach State FL Zip Code 33140	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging, Meals, Meeting Rooms	<input type="text" value="30866.42"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="31895.49"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 21b-01-02249-04359 Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
	Mailing Address PO Box 36647	
	City Dallas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period 201.40
	Purpose of Disbursement Transportation Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 21b-01-02249-04361 Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
	Mailing Address PO Box 36647	
	City Dallas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period 171.40
	Purpose of Disbursement Transportation Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 21b-01-02249-04362 Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
	Mailing Address PO Box 36647	
	City Dallas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period 201.40
	Purpose of Disbursement Transportation Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02249-04363 Date of Disbursement 01 / 28 / 2010
	Mailing Address PO Box 114	
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period 14.99
	Purpose of Disbursement Transportation Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02249-04364 Date of Disbursement 01 / 28 / 2010
	Mailing Address PO Box 114	
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period 14.99
	Purpose of Disbursement Transportation Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02249-04365 Date of Disbursement 01 / 28 / 2010
	Mailing Address PO Box 114	
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period 14.99
	Purpose of Disbursement Transportation Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 114 City Newark State NJ Zip Code 07101-0114 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02249-04366 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 14.99 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Capitol Hilton Mailing Address 1001 16th Street City Washington State DC Zip Code 20036 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02249-04358 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 193.51 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Jennie Blackton Mailing Address 2547 North Buena Vista City Burbank State CA Zip Code 91504 Purpose of Disbursement Voided Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21b-01-02263-04367 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period -1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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

37243.71

C. Form/Schedule : **SB21b**

Duplicate payments made in August, 2009.

Transaction ID : **21b-01-02263-04367**