

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 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 C00460147 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) through Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 10 14 2010 through 11 22 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 ANDREW TOBIAS

Signature of Treasurer Electronically Filed by ANDREW TOBIAS Date 12 02 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.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Footer: FEC FORM 3X (Rev. 12/2004)

**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:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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" style="display: inline-table; border-collapse: collapse;"><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		346040.89
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	1295722.90									
(c) Total Receipts (from Line 19)	1306956.82	3396589.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2602679.72	3742630.60								
7. Total Disbursements (from Line 31)	797424.94	1937375.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1805254.78	1805254.78								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

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	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)	1306956.82	3396589.71
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))	1306956.82	3396589.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1306956.82	3396589.71

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.....	797424.94	1937375.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	797424.94	1937375.82
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))..	797424.94	1937375.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	797424.94	1937375.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 168

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)).....	797424.94	1937375.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	1306956.82	3396589.71
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-509531.88	-1459213.89

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

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

FOR LINE NUMBER: PAGE 6 / 168
(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)
 DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
 DNC SERVICES CORP.
 Mailing Address 430 SOUTH CAPITOL ST SE
 City WASHINGTON State DC Zip Code 20003
 Date of Receipt: MM / DD / YYYY (10 / 14 / 2010)
 Transaction ID: SA15-1964
 Amount of Each Receipt this Period: 9000.00
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 873238.59

B. Full Name (Last, First, Middle Initial)
 DNC SERVICES CORP.
 Mailing Address 430 SOUTH CAPITOL ST SE
 City WASHINGTON State DC Zip Code 20003
 Date of Receipt: MM / DD / YYYY (10 / 14 / 2010)
 Transaction ID: SA15-1965
 Amount of Each Receipt this Period: 3934.80
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 873238.59

C. Full Name (Last, First, Middle Initial)
 DNC SERVICES CORP.
 Mailing Address 430 SOUTH CAPITOL ST SE
 City WASHINGTON State DC Zip Code 20003
 Date of Receipt: MM / DD / YYYY (10 / 14 / 2010)
 Transaction ID: SA15-1969
 Amount of Each Receipt this Period: 16499.93
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 873238.59

SUBTOTAL of Receipts This Page (optional) ► 29434.73
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 7 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 873238.59
Date of Receipt: 10 / 14 / 2010
Transaction ID: SA15-1966
Amount of Each Receipt this Period: 50000.00

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 873238.59
Date of Receipt: 10 / 14 / 2010
Transaction ID: SA15-1967
Amount of Each Receipt this Period: 4045.24

C. Full Name (Last, First, Middle Initial)
Friends for Harry Reid
Mailing Address P.O. Box 19163
City Las Vegas State NV Zip Code 89132
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 58759.01
Date of Receipt: 10 / 14 / 2010
Transaction ID: SA15-1968
Amount of Each Receipt this Period: 29000.00

SUBTOTAL of Receipts This Page (optional) ► 83045.24
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 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
Biden for Attorney General
 Mailing Address PO Box 2838
 City State Zip Code
 Wilmington DE 19805
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0
Transaction ID: SA15-1976
 Amount of Each Receipt this Period
 1280.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 37280.00

B. Full Name (Last, First, Middle Initial)
Blue Illinois 2010
 Mailing Address 430 South Capitol Street, SE
 2nd Floor
 City State Zip Code
 Washington DC 20003
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0
Transaction ID: SA15-1972
 Amount of Each Receipt this Period
 21985.35
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 21985.35

C. Full Name (Last, First, Middle Initial)
Kathy Dahlkemper for Congress
 Mailing Address P.O. Box 1045
 City State Zip Code
 Erie PA 16512
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0
Transaction ID: SA15-1978
 Amount of Each Receipt this Period
 7500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 7500.00

SUBTOTAL of Receipts This Page (optional) ► **30765.35**
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 9 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)
Delaware Senate Victory 2010

Mailing Address 426 C Street, NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37835.41

Date of Receipt

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

Transaction ID: SA15-1981

Amount of Each Receipt this Period

37835.41

B.

Full Name (Last, First, Middle Initial)
Feingold Senate Committee

Mailing Address PO Box 620062

City State Zip Code
Middleton WI 53562

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
34476.14

Date of Receipt

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

Transaction ID: SA15-1980

Amount of Each Receipt this Period

21976.14

C.

Full Name (Last, First, Middle Initial)
Florida Victory Fund 2010

Mailing Address 430 South Capitol Street, SE
2nd Floor

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 ▼
39607.00

Date of Receipt

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

Transaction ID: SA15-1973

Amount of Each Receipt this Period

39607.00

SUBTOTAL of Receipts This Page (optional) ▶

99418.55

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 10 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)

John Hall for Congress

Mailing Address PO Box 469

City State Zip Code
Beacon NY 12508

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
27460.02

Date of Receipt

M M / D D / Y Y Y Y
10 / 19 / 2010

Transaction ID: SA15-1977

Amount of Each Receipt this Period

460.02

B.

Full Name (Last, First, Middle Initial)

Murray Victory 2010

Mailing Address 1341 G Street, NW, Suite 740

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
103713.56

Date of Receipt

M M / D D / Y Y Y Y
10 / 19 / 2010

Transaction ID: SA15-1975

Amount of Each Receipt this Period

8800.00

C.

Full Name (Last, First, Middle Initial)

People for Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
64977.90

Date of Receipt

M M / D D / Y Y Y Y
10 / 19 / 2010

Transaction ID: SA15-1979

Amount of Each Receipt this Period

13200.00

SUBTOTAL of Receipts This Page (optional)

22460.02

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 11 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
Upstate Victory 2010
Mailing Address P.O. Box 1174

City State Zip Code
Springfield VA 22151

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
920.03

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0
Transaction ID: SA15-1974
 Amount of Each Receipt this Period
 920.03

B. Full Name (Last, First, Middle Initial)
Wisconsin Victory Fund
Mailing Address P.O. Box 112

City State Zip Code
Stevens Point WI 54481

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19065.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0
Transaction ID: SA15-1970
 Amount of Each Receipt this Period
 10000.00

C. Full Name (Last, First, Middle Initial)
Wisconsin Victory Fund
Mailing Address P.O. Box 112

City State Zip Code
Stevens Point WI 54481

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19065.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 1 0
Transaction ID: SA15-1971
 Amount of Each Receipt this Period
 9065.00

SUBTOTAL of Receipts This Page (optional) ► **19985.03**

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 12 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)

John Callahan for Congress

Mailing Address PO Box 1386

City State Zip Code
Bethlehem PA 18016

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
29381.36

Date of Receipt

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

Transaction ID: SA15-1982

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Mark Critz for Congress Cmte

Mailing Address Patrick McGlynn Jr., Treasurer
551 Main Street, Suite 120

City State Zip Code
Johnstown PA 15901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
31145.19

Date of Receipt

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

Transaction ID: SA15-1983

Amount of Each Receipt this Period

7500.00

C.

Full Name (Last, First, Middle Initial)

A New Approach Committee

Mailing Address 2 1/2 Beacon 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 ▼
19750.00

Date of Receipt

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

Transaction ID: SA15-1984

Amount of Each Receipt this Period

19750.00

SUBTOTAL of Receipts This Page (optional)

37250.00

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 13 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)
Boxer Victory Fund

Mailing Address 120 Maryland Avenue, NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55514.15

Date of Receipt

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

Transaction ID: SA15-1987

Amount of Each Receipt this Period

21833.91

B.

Full Name (Last, First, Middle Initial)
CA Vote 2010

Mailing Address 430 South Capitol Street, 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 ▼
33827.04

Date of Receipt

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

Transaction ID: SA15-1991

Amount of Each Receipt this Period

22800.00

C.

Full Name (Last, First, Middle Initial)
Connecticut Senate 2010

Mailing Address 426 C Street, NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18023.07

Date of Receipt

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

Transaction ID: SA15-1985

Amount of Each Receipt this Period

18023.07

SUBTOTAL of Receipts This Page (optional) ▶

62656.98

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 14 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.

Mailing Address 430 SOUTH CAPITOL 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 ▼
873238.59

Date of Receipt

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

Transaction ID: SA15-1994

Amount of Each Receipt this Period

5170.00

B.

Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.

Mailing Address 430 SOUTH CAPITOL 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 ▼
873238.59

Date of Receipt

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

Transaction ID: SA15-1995

Amount of Each Receipt this Period

32807.48

C.

Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.

Mailing Address 430 SOUTH CAPITOL 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 ▼
873238.59

Date of Receipt

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

Transaction ID: SA15-1996

Amount of Each Receipt this Period

40542.06

SUBTOTAL of Receipts This Page (optional) ▶

78519.54

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 15 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
Gillibrand for Senate
Mailing Address 313 C Street, 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 ▼ 10700.00
Date of Receipt 10 / 25 / 2010
Transaction ID: SA15-1990
Amount of Each Receipt this Period 10700.00

B. Full Name (Last, First, Middle Initial)
Kamala Harris for Atty Gen 2010
Mailing Address 150 Post Street, #405
City San Francisco State CA Zip Code 94104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3586.56
Date of Receipt 10 / 25 / 2010
Transaction ID: SA15-1988
Amount of Each Receipt this Period 3586.56

C. Full Name (Last, First, Middle Initial)
People for Patty Murray
Mailing Address PO Box 3662
City Seattle State WA Zip Code 98124
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 64977.90
Date of Receipt 10 / 25 / 2010
Transaction ID: SA15-1993
Amount of Each Receipt this Period 30777.90

SUBTOTAL of Receipts This Page (optional) ► 45064.46
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 16 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
 Friends of Martin O'Malley
 Mailing Address 218 E. Lexington Street
 Suite 602
 City Baltimore State MD Zip Code 21202
 Date of Receipt 10 / 25 / 2010
Transaction ID: SA15-1992
 Amount of Each Receipt this Period 2100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12100.00

B. Full Name (Last, First, Middle Initial)
 Onorato for Governor LLC
 Mailing Address P.O. Box 23205
 City Pittsburgh State PA Zip Code 15222
 Date of Receipt 10 / 25 / 2010
Transaction ID: SA15-1989
 Amount of Each Receipt this Period 12000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 12000.00

C. Full Name (Last, First, Middle Initial)
 Reid Majority Fund
 Mailing Address 120 Maryland Avenue, NE
 City Washington State DC Zip Code 20002
 Date of Receipt 10 / 25 / 2010
Transaction ID: SA15-1986
 Amount of Each Receipt this Period 21542.10
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 21542.10

SUBTOTAL of Receipts This Page (optional) ► **35642.10**
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 17 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)
Bishop for Congress

Mailing Address P.O. Box 437

City State Zip Code
Farmingville NY 11738

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10700.00

Date of Receipt

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

Transaction ID: SA15-1997

Amount of Each Receipt this Period

10700.00

B.

Full Name (Last, First, Middle Initial)
Braley for Congress

Mailing Address P.O. Box 390

City State Zip Code
Waterloo IA 50704

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23500.00

Date of Receipt

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

Transaction ID: SA15-2001

Amount of Each Receipt this Period

23500.00

C.

Full Name (Last, First, Middle Initial)
Colorado Victory 2010

Mailing Address 120 Maryland Avenue, NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
104813.79

Date of Receipt

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

Transaction ID: SA15-1998

Amount of Each Receipt this Period

28011.99

SUBTOTAL of Receipts This Page (optional) ▶

62211.99

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 18 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE
Mailing Address 430 SOUTH CAPITOL STREET 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 ▼
114792.50

Date of Receipt

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

Transaction ID: SA15-2002

Amount of Each Receipt this Period

27349.35

B.

Full Name (Last, First, Middle Initial)
Committee to Elect Alan Grayson
Mailing Address 8419 Oak Park Road

City State Zip Code
Orlando FL 32819

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8000.00

Date of Receipt

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

Transaction ID: SA15-1999

Amount of Each Receipt this Period

8000.00

C.

Full Name (Last, First, Middle Initial)
Kratovil for Congress
Mailing Address P.O. Box 518

City State Zip Code
Stevensville MD 21666

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

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

Transaction ID: SA15-2000

Amount of Each Receipt this Period

2100.00

SUBTOTAL of Receipts This Page (optional)

37449.35

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 19 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)

Perriello for Congress

Mailing Address P.O. Box 306

City State Zip Code
Ivy VA 22945

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24734.06

Date of Receipt

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

Transaction ID: SA15-2003

Amount of Each Receipt this Period

24734.06

B.

Full Name (Last, First, Middle Initial)

Chris Coons for Delaware

Mailing Address PO Box 9900

City State Zip Code
Newark DE 19714

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35500.00

Date of Receipt

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

Transaction ID: SA15-2006

Amount of Each Receipt this Period

12500.00

C.

Full Name (Last, First, Middle Initial)

DNC SERVICES CORP.

Mailing Address 430 SOUTH CAPITOL 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 ▼
873238.59

Date of Receipt

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

Transaction ID: SA15-2010

Amount of Each Receipt this Period

20442.00

SUBTOTAL of Receipts This Page (optional) ▶

57676.06

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 20 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 873238.59
Date of Receipt 10 / 29 / 2010
Transaction ID: SA15-2011
Amount of Each Receipt this Period 20088.59

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 873238.59
Date of Receipt 10 / 29 / 2010
Transaction ID: SA15-2012
Amount of Each Receipt this Period 22619.90

C. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 873238.59
Date of Receipt 10 / 29 / 2010
Transaction ID: SA15-2013
Amount of Each Receipt this Period 15542.39

SUBTOTAL of Receipts This Page (optional) ► 58250.88
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 21 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
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 ▼ 873238.59
Date of Receipt 10 / 29 / 2010
Transaction ID: SA15-2014
Amount of Each Receipt this Period 2560.00

B. Full Name (Last, First, Middle Initial)
The Bill Keating Committee
Mailing Address P.O. Box 690353
City Quincy State MA Zip Code 02269
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 17300.00
Date of Receipt 10 / 29 / 2010
Transaction ID: SA15-2005
Amount of Each Receipt this Period 17300.00

C. Full Name (Last, First, Middle Initial)
MASSACHUSETTS DEMOCRATIC PARTY
Mailing Address 56 ROLAND STREET, STE. 203
City BOSTON State MA Zip Code 02129
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 32497.01
Date of Receipt 10 / 29 / 2010
Transaction ID: SA15-2007
Amount of Each Receipt this Period 32497.01

SUBTOTAL of Receipts This Page (optional) ► 52357.01
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 22 / 168

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Oregon Votes 2010

Mailing Address 2236 SE 10th Avenue

City State Zip Code
Portland OR 97214

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
53086.88

Date of Receipt

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

Transaction ID: SA15-2004

Amount of Each Receipt this Period

53086.88

B.

Full Name (Last, First, Middle Initial)
Strickland for Governor

Mailing Address 65 E State Street, Suite 1800

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
123641.04

Date of Receipt

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

Transaction ID: SA15-2008

Amount of Each Receipt this Period

18000.00

C.

Full Name (Last, First, Middle Initial)
Strickland for Governor

Mailing Address 65 E State Street, Suite 1800

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
123641.04

Date of Receipt

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

Transaction ID: SA15-2009

Amount of Each Receipt this Period

43364.33

SUBTOTAL of Receipts This Page (optional)

114451.21

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 23 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)
VERMONT DEMOCRATIC PARTY

Mailing Address 29 MAIN STREET, STE. 3

City State Zip Code
MONTPELIER VT 05602

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21000.00

Date of Receipt

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

Transaction ID: SA15-2015

Amount of Each Receipt this Period

21000.00

B.

Full Name (Last, First, Middle Initial)
Boxer Victory Fund

Mailing Address 120 Maryland Avenue, NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55514.15

Date of Receipt

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

Transaction ID: SA15-2017

Amount of Each Receipt this Period

14180.24

C.

Full Name (Last, First, Middle Initial)
CA Vote 2010

Mailing Address 430 South Capitol Street, 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 ▼
33827.04

Date of Receipt

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

Transaction ID: SA15-2021

Amount of Each Receipt this Period

11027.04

SUBTOTAL of Receipts This Page (optional)

46207.28

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 24 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
Democratic State Committee Victory Fund
 Mailing Address P.O. Box 2065
 City State Zip Code
 Wilmington DE 19899
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0
Transaction ID: SA15-2018
 Amount of Each Receipt this Period
 12500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 12500.00

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
 Mailing Address 430 SOUTH CAPITOL ST SE
 City State Zip Code
 WASHINGTON DC 20003
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0
Transaction ID: SA15-2023
 Amount of Each Receipt this Period
 12742.84
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 873238.59

C. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
 Mailing Address 430 SOUTH CAPITOL ST SE
 City State Zip Code
 WASHINGTON DC 20003
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0
Transaction ID: SA15-2024
 Amount of Each Receipt this Period
 13000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 873238.59

SUBTOTAL of Receipts This Page (optional) ► **38242.84**
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 25 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)
Langevin for Congress

Mailing Address 181A Knight Street

City State Zip Code
Warwick RI 02886

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2122.00

Date of Receipt

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

Transaction ID: SA15-2020

Amount of Each Receipt this Period

2122.00

B.

Full Name (Last, First, Middle Initial)
MARYLAND DEMOCRATIC PARTY FEDERAL ACCOUNT

Mailing Address 144 MAIN STREET SUITE 1

City State Zip Code
ANNAPOLIS MD 21401

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14728.26

Date of Receipt

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

Transaction ID: SA15-2019

Amount of Each Receipt this Period

14728.26

C.

Full Name (Last, First, Middle Initial)
Friends for Harry Reid

Mailing Address P.O. Box 19163

City State Zip Code
Las Vegas NV 89132

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
58759.01

Date of Receipt

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

Transaction ID: SA15-2022

Amount of Each Receipt this Period

29759.01

SUBTOTAL of Receipts This Page (optional) ▶

46609.27

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 26 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
Rhode Island Hope PAC

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1061.00

Date of Receipt 11 / 02 / 2010
Transaction ID: SA15-2016
 Amount of Each Receipt this Period 1061.00

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.

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 ▼ 873238.59

Date of Receipt 11 / 04 / 2010
Transaction ID: SA15-2026
 Amount of Each Receipt this Period 144213.34

C. Full Name (Last, First, Middle Initial)
Friends of Patrick J. Kennedy, Inc.

Mailing Address P.O. Box 321

City Pawtucket State RI Zip Code 02862

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1061.00

Date of Receipt 11 / 04 / 2010
Transaction ID: SA15-2025
 Amount of Each Receipt this Period 1061.00

SUBTOTAL of Receipts This Page (optional) ► 146335.34

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 27 / 168
(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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
Delaware County Democratic Coordinated Campaign Cmte
Mailing Address P.O. Box 473

City State Zip Code
Media PA 19063

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8476.00

Date of Receipt

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

Transaction ID: SA15-2030
 Amount of Each Receipt this Period
8476.00

B. Full Name (Last, First, Middle Initial)
ALEXI for ILLINOIS
Mailing Address PO Box 494

City State Zip Code
Chicago IL 60690

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
26023.07

Date of Receipt

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

Transaction ID: SA15-1963
 Amount of Each Receipt this Period
18023.07

C. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
Mailing Address 430 SOUTH CAPITOL 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 ▼
873238.59

Date of Receipt

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

Transaction ID: SA15-2027
 Amount of Each Receipt this Period
17413.29

SUBTOTAL of Receipts This Page (optional) ► **43912.36**

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 28 / 168

(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"/> 14	<input checked="" 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.

Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.

Mailing Address 430 SOUTH CAPITOL 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 ▼
873238.59

Date of Receipt

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

Transaction ID: SA15-2028

Amount of Each Receipt this Period

12011.23

B.

Full Name (Last, First, Middle Initial)
Murray Victory 2010

Mailing Address 1341 G Street, NW, Suite 740

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
103713.56

Date of Receipt

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

Transaction ID: SA15-2029

Amount of Each Receipt this Period

47000.00

SUBTOTAL of Receipts This Page (optional)

59011.23

TOTAL This Period (last page this line number only)

1306956.82

**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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1369 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="89.42"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1370 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="11079.10"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1371 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="7631.60"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1372 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="78.13"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1373 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="6596.87"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1374 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="22838.03"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="29513.03"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1375 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="44.35"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1376 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="335.78"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1377 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="6257.67"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6637.80"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1378 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="56.91"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1379 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="310.97"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1380 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="7885.60"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8253.48"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1381 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="29.39"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1382 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="210.47"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1383 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="56.22"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

296.08

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1384
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 10 / 15 / 2010
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 50.65
	Purpose of Disbursement White House Airlift In-flight 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) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1385
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 10 / 15 / 2010
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 14040.15
	Purpose of Disbursement White House Airlift Airfare	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1386
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 10 / 15 / 2010
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 6897.25
	Purpose of Disbursement White House Airlift Airfare	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)

20988.05

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1387
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 10 / 15 / 2010
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 1189.20
	Purpose of Disbursement White House Airlift Helo 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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1388
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 10 / 15 / 2010
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 527.80
	Purpose of Disbursement White House Airlift Helo 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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1389
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 10 / 15 / 2010
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 51.66
	Purpose of Disbursement White House Airlift In-flight Services 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) ▼

SUBTOTAL of Disbursements This Page (optional)

1768.66

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

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. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1390	
	Date of Disbursement 10 / 15 / 2010	
Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 1954.80	
City: Washington State: DC Zip Code: 20502	Purpose of Disbursement White House Airlift Airfare	
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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1391	
	Date of Disbursement 10 / 15 / 2010	
Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 1216.36	
City: Washington State: DC Zip Code: 20502	Purpose of Disbursement White House Airlift Helo	
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) ▼	

C. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1392	
	Date of Disbursement 10 / 15 / 2010	
Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 6095.37	
City: Washington State: DC Zip Code: 20502	Purpose of Disbursement White House Airlift Airfare	
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) ▼	

SUBTOTAL of Disbursements This Page (optional)	9266.53
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 37 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1393 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="305.87"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1394 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="44.39"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1395 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="2236.53"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2586.79"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1396 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="252.75"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1397 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="51.07"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1398 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="107.91"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="411.73"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1399 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="28867.80"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1400 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="3004.29"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1401 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="13745.12"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

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 40 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1402 Date of Disbursement 10 / 15 / 2010
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 4435.47
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift Helo 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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1403 Date of Disbursement 10 / 15 / 2010
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 4.25
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift In-flight Services 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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1404 Date of Disbursement 10 / 15 / 2010
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 6.40
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift In-flight Services 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) ▼

SUBTOTAL of Disbursements This Page (optional)	4446.12
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1405 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="5.30"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1406 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="753.40"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1407 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="1125.10"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1883.80"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1408 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="846.31"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1409 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="24.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1410 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="51.87"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

922.18

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1411 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="2629.73"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1412 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="3502.09"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1413 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="70.62"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6202.44"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1414 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="93.38"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1415 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="52.32"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1416 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="5124.27"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

5269.97

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1417 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="87.69"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1418 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="25.76"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1419 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="122.93"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="236.38"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1420 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="12315.80"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1421 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="14253.84"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1422 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="26.69"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="26596.33"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1423 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="30.38"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1424 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="204.74"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1425 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="170.38"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="405.50"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1426 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="1491.58"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1427 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="2284.23"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1428 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="1.72"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3777.53"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1429 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="22.06"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1430 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="441.19"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1431 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="5507.61"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1432 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="68.48"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1433 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="33.62"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1434 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="1852.78"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1954.88"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1435 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="894.61"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1436 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="21.20"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1437 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="15.21"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="931.02"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1438 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="181.83"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1439 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="2983.81"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1440 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="18.94"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3184.58"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1441 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="2538.97"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1442 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="272.67"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1443 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="62.35"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2873.99"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1444 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="70.26"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1445 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="10.91"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1446 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="25.86"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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 55 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1447 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="3384.51"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1448 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="8560.53"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) John Hall for Congress	Transaction ID: SB21B-1483 Date of Disbursement
	Mailing Address PO Box 469	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Beacon State NY Zip Code 12508	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="22348.89"/>
	Candidate Name John Hall for Congress	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

<p>A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Prepaid Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1962</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 29259.26</p> <p>Category/Type</p> <p>See Attached Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) AirTran Airways</p> <p>Mailing Address 9955 AirTran Blvd.</p> <p>City Orlando State FL Zip Code 32827</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1962-10000</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 580.60</p> <p>Category/Type</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Alaska Airlines</p> <p>Mailing Address P.O. Box 24948</p> <p>City Seattle State WA Zip Code 98124-0948</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1962-20000</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2805.60</p> <p>Category/Type</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

29259.26

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)

PAGE 57 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Boulevard</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1962-30000 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 13696.40</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address Union Station 50 Massachusetts Ave., NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Train Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1962-40000 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2622.40</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address 10000 Bessie Coleman Drive</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1962-50000 Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 3567.90</p> <p>[MEMO ITEM] Memo Entry</p>

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 58 / 168

<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

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.

Full Name (Last, First, Middle Initial)

Avis Rent-A-Car

Mailing Address 33 East 1st Street

City Dayton State OH Zip Code 45402

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1962-60000

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

735.25

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)

Avis Rent-A-Car

Mailing Address 202 Porter Street

City East Boston State MA Zip Code 02128

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1962-70000

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1330.37

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)

Avis Rent-A-Car

Mailing Address Dane County Regional Airport
4000 International Lane

City Madison State WI Zip Code 53704

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1962-80000

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

3920.74

[MEMO ITEM]
Memo Entry

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) Adler for Congress, Inc.</p> <p>Mailing Address P.O. Box 1024</p> <p>City Mount Laurel State NJ Zip Code 08054</p> <p>Purpose of Disbursement Refund of Offset</p> <p>Candidate Name Adler for Congress, Inc. Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B-1484</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 6173.05</p>
<p>B. Full Name (Last, First, Middle Initial) Bocchieri for Congress</p> <p>Mailing Address P.O. Box 20535</p> <p>City Canton State OH Zip Code 44701</p> <p>Purpose of Disbursement Refund of Offset</p> <p>Candidate Name Bocchieri for Congress Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B-1485</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 993.81</p>
<p>C. Full Name (Last, First, Middle Initial) Committee for A Better Bucks</p> <p>Mailing Address 10 East Court Street</p> <p>City Doylestown State PA Zip Code 18901</p> <p>Purpose of Disbursement Refund of Offset</p> <p>Candidate Name Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B-1486</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 656.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7823.61

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

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.

Full Name (Last, First, Middle Initial)
Bucks County Democratic Cmte

Mailing Address 10 East Court Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement
Refund of Offset

Candidate Name
Bucks County Democratic Cmte

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1487

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

4627.14

B.

Full Name (Last, First, Middle Initial)
Giffords for Congress

Mailing Address P.O. Box 12886

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Refund of Offset

Candidate Name
Giffords for Congress

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1488

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

3606.40

C.

Full Name (Last, First, Middle Initial)
Himes for Congress

Mailing Address 875 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
Refund of Offset

Candidate Name
Himes for Congress

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1489

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

1553.64

SUBTOTAL of Disbursements This Page (optional) ▶

9787.18

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

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.	Full Name (Last, First, Middle Initial) Hodes for Senate	Transaction ID: SB21B-1490 Date of Disbursement
	Mailing Address 379 Elm Street	<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Manchester State NH Zip Code 03101	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="1831.49"/>
	Candidate Name Hodes for Senate	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Steve Israel for Congress Cmte	Transaction ID: SB21B-1491 Date of Disbursement
	Mailing Address P.O. Box 777	<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Deer Park State NY Zip Code 11729	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="12264.02"/>
	Candidate Name Steve Israel for Congress Cmte	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kissell for Congress	Transaction ID: SB21B-1492 Date of Disbursement
	Mailing Address P.O. Box 1530	<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="1997.74"/>
	Candidate Name Kissell for Congress	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="16093.25"/>
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

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.	Full Name (Last, First, Middle Initial) Peters for Congress	Transaction ID: SB21B-1493 Date of Disbursement
	Mailing Address P.O. Box 226	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bloomfield Hills State MI Zip Code 48303	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="260.34"/>
	Candidate Name Peters for Congress	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Dina Titus for Congress	Transaction ID: SB21B-1494 Date of Disbursement
	Mailing Address P.O. Box 50614	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Henderson State NV Zip Code 89016	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="12745.26"/>
	Candidate Name Dina Titus for Congress	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-1961 Date of Disbursement
	Mailing Address P O BOX 1270	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement Prepaid Expenses	<input type="text" value="250000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

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

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.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: SB21B-1961-10000 Date of Disbursement 10 / 26 / 2010
	Mailing Address: Dane County Regional Airport 4000 International Lane	Amount of Each Disbursement this Period 1919.48
	City: Madison State: WI Zip Code: 53704	
	Purpose of Disbursement: Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: SB21B-1961-20000 Date of Disbursement 10 / 26 / 2010
	Mailing Address: Miami Intl Airport 2330 NW 37th Avenue	Amount of Each Disbursement this Period 1700.79
	City: Miami State: FL Zip Code: 33142	
	Purpose of Disbursement: Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: SB21B-1961-30000 Date of Disbursement 10 / 26 / 2010
	Mailing Address: 1885 West Harrisburg Pike	Amount of Each Disbursement this Period 162.37
	City: Middletown State: PA Zip Code: 17057	
	Purpose of Disbursement: Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

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 64 / 168

<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

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.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address 220 West 31st Street City New York State NY Zip Code 10001 Purpose of Disbursement Car Rental 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: SB21B-1961-40000 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 238.54 [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address Newark Liberty Intl Airport 28 Newark Airport City Newark State NJ Zip Code 07114 Purpose of Disbursement Car Rental 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: SB21B-1961-50000 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 2839.60 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address Akron-Canton Airport 5400 Lauby Road City North Canton State OH Zip Code 44720 Purpose of Disbursement Car Rental 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: SB21B-1961-60000 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 1226.57 [MEMO ITEM] Memo Entry

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 65 / 168

<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

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.

Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 4501 Abbott Drive

City Omaha State NE Zip Code 68110

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-70000
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

650.17

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
AVIS RENT-A-CAR

Mailing Address 2000 Arch Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-80000
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

3079.66

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 8400 Harrison Street

City Ralston State NE Zip Code 68127

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-90000
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

165.55

[MEMO ITEM]
Memo Entry

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 66 / 168

<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

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.

Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 1027 Broadway

City State Zip Code
Santa Monica CA 90401

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-100000
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

461.22

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
Avis-Rent-A-Car

Mailing Address Seattle Tacoma Intl Airport
17801 International Blvd

City State Zip Code
Seattle WA 98158

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-110000
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

850.32

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
Avis Rent-A-Car

Mailing Address 2300 North Airport Blvd

City State Zip Code
Springfield MO 65802

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-120000
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

1161.35

[MEMO ITEM]
Memo Entry

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)

<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

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. Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address One Station Plaza City Stamford State CT Zip Code 06902 Purpose of Disbursement Car Rental 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: SB21B-1961-130000 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 3881.17 [MEMO ITEM] Memo Entry
	Category/Type
B. Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address 3600 Terminal Drive City Vandalia State OH Zip Code 45377 Purpose of Disbursement Car Rental 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: SB21B-1961-140000 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 622.27 [MEMO ITEM] Memo Entry
	Category/Type
C. Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address 1453 Youngstown Kings Rd NE City Vienna State OH Zip Code 44473 Purpose of Disbursement Car Rental 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: SB21B-1961-150000 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 684.34 [MEMO ITEM] Memo Entry
	Category/Type

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 68 / 168

<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

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.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-1961-160000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1722 M Street, NW	Amount of Each Disbursement this Period 1740.59
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement Car Rental	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) Avis Rent-A-Car	Transaction ID: SB21B-1961-170000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 100 S French Street	Amount of Each Disbursement this Period 153.62
	City Wilmington State DE Zip Code 19801	
	Purpose of Disbursement Car Rental	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) Avis Rent-A-Car Tolls	Transaction ID: SB21B-1961-180000 Date of Disbursement 10 / 26 / 2010
	Mailing Address P.O. Box 222209	Amount of Each Disbursement this Period 2.52
	City Great Neck State NY Zip Code 11022	
	Purpose of Disbursement Car Rental	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)	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)

<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

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.	Full Name (Last, First, Middle Initial) BUDGET RENT A CAR	Transaction ID: SB21B-1961-190000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 3400 University Blvd SE	Amount of Each Disbursement this Period 828.04
	City ALBUQUERQUE State NM Zip Code 87106	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Budget Rent-A-Car	Transaction ID: SB21B-1961-200000 Date of Disbursement 10 / 26 / 2010
	Mailing Address WB/Scranton Airport 100 Terminal Road, Lower Level	Amount of Each Disbursement this Period 135.63
	City Avoca State PA Zip Code 18641	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Budget Rent-A-Car	Transaction ID: SB21B-1961-210000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 10000 Bessie Coleman Drive	Amount of Each Disbursement this Period 1214.22
	City Chicago State IL Zip Code 60666	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
		[MEMO ITEM] Memo Entry

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 70 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address 88-08 23rd Avenue</p> <p>City East Elmhurst State NY Zip Code 11370</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-220000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 254.64</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Budget Rent-A-Car</p> <p>Mailing Address 600 Terminal Drive, 4th Floor</p> <p>City Fort Lauderdale State FL Zip Code 33315</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-230000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1186.57</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR</p> <p>Mailing Address 4000 INTERNATIONAL LANE</p> <p>City MADISON State WI Zip Code 53704</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-240000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 432.20</p> <p>[MEMO ITEM] Memo Entry</p>

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)

<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

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. Full Name (Last, First, Middle Initial) Budget Rent-A-Car Mailing Address 3901 Northwest 28th Street City Miami State FL Zip Code 33142 Purpose of Disbursement Car Rental 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: SB21B-1961-250000 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 1314.18 [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) Budget Rent-A-Car Mailing Address 5430 Lauby Road City North Canton State OH Zip Code 44720 Purpose of Disbursement Car Rental 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: SB21B-1961-260000 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 340.77 [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) Budget Rent-A-Car Mailing Address 7600 Earhart Road City Oakland State CA Zip Code 94621 Purpose of Disbursement Car Rental 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: SB21B-1961-270000 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 1223.86 [MEMO ITEM] Memo Entry

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 72 / 168

<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

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. Full Name (Last, First, Middle Initial) Budget Rent-A-Car	Transaction ID: SB21B-1961-280000	
	Date of Disbursement 10 / 26 / 2010	
Mailing Address	Landside Terminal #4000	
City	State	Zip Code
Pittsburgh	PA	15231
Purpose of Disbursement	Amount of Each Disbursement this Period	
Car Rental	1021.36	
Candidate Name	Category/ Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
	[MEMO ITEM] Memo Entry	

B. Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR	Transaction ID: SB21B-1961-290000	
	Date of Disbursement 10 / 26 / 2010	
Mailing Address	17801 INTERNATIONAL BLVD	
City	State	Zip Code
SEATTLE	WA	98158
Purpose of Disbursement	Amount of Each Disbursement this Period	
Car Rental	1977.46	
Candidate Name	Category/ Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
	[MEMO ITEM] Memo Entry	

C. Full Name (Last, First, Middle Initial) Budget Rent-A-Car Tolls	Transaction ID: SB21B-1961-300000	
	Date of Disbursement 10 / 26 / 2010	
Mailing Address	11 Grace Avenue, Suite 108	
City	State	Zip Code
Great Neck	NY	11021
Purpose of Disbursement	Amount of Each Disbursement this Period	
Car Rental	8.00	
Candidate Name	Category/ Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
	[MEMO ITEM] Memo Entry	

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 73 / 168

<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

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.

Full Name (Last, First, Middle Initial)

City Center Hotel St. Paul

Mailing Address 411 Minnesota Street

City State Zip Code
Saint Paul MN 55101

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-310000

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

3787.20

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)

Continental Airlines

Mailing Address 1600 Smith Street

City State Zip Code
Houston TX 77002

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-320000

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

11456.70

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)

Courtyard by Marriott Tacoma

Mailing Address 1515 Commerce Street

City State Zip Code
Tacoma WA 98402

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-330000

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

216.02

[MEMO ITEM]
Memo Entry

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)

<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

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.	Full Name (Last, First, Middle Initial) Crowne Plaza Hotel Madison	Transaction ID: SB21B-1961-340000 Date of Disbursement
	Mailing Address 4402 East Washington Avenue	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="10300.00"/>
	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] Memo Entry

B.	Full Name (Last, First, Middle Initial) Delta Air Lines, Inc.	Transaction ID: SB21B-1961-350000 Date of Disbursement
	Mailing Address 1030 Delta Boulevard	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare	<input type="text" value="21116.30"/>
	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] Memo Entry

C.	Full Name (Last, First, Middle Initial) Doubletree Guest Suites Doheny Beach	Transaction ID: SB21B-1961-360000 Date of Disbursement
	Mailing Address 34402 Pacific Coast Highway	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Dana Point State CA Zip Code 92629	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="599.70"/>
	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] Memo Entry

SUBTOTAL of Disbursements This Page (optional)

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 75 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Enterprise Rent A Car</p> <p>Mailing Address PO Box 795153</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-370000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1282.67</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Enterprise Rent-A-Car</p> <p>Mailing Address 4000 International Lane</p> <p>City Madison State WI Zip Code 53704</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-380000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 651.12</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Fairfield Inn</p> <p>Mailing Address 6960 Miller Lane</p> <p>City Dayton State OH Zip Code 45414</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-390000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1633.40</p> <p>[MEMO ITEM] Memo Entry</p>

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)

<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

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.	Full Name (Last, First, Middle Initial) Four Points by Sheraton	Transaction ID: SB21B-1961-400000 Date of Disbursement
	Mailing Address 55 John E. Devine Drive	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Manchester State NH Zip Code 03103	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="1451.22"/>
	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] Memo Entry

B.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: SB21B-1961-410000 Date of Disbursement
	Mailing Address Frontier Center One 7001 Tower Road	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Denver State CO Zip Code 80249	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare	<input type="text" value="1694.30"/>
	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] Memo Entry

C.	Full Name (Last, First, Middle Initial) Hampton Inn Youngstown	Transaction ID: SB21B-1961-420000 Date of Disbursement
	Mailing Address 4400 Belmont Avenue	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Youngstown State OH Zip Code 44505	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="3044.00"/>
	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] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
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)

PAGE 77 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address 1545 Brittain Road</p> <p>City Akron State OH Zip Code 44310</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-430000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1244.56</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Albuquerque Intl Airport 3400 University Southeast</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-440000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 885.36</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Des Moines Intl Airport 5800 Fleur Drive</p> <p>City Des Moines State IA Zip Code 50321</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-450000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1654.41</p> <p>[MEMO ITEM] Memo Entry</p>

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 78 / 168

<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

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.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-1961-460000 Date of Disbursement 10 / 26 / 2010
	Mailing Address Ft. Lauderdale Intl Airport 600 Terminal Drive	Amount of Each Disbursement this Period 1132.95
	City Fort Lauderdale State FL Zip Code 33315	
	Purpose of Disbursement Car Rental	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) ▼

[MEMO ITEM]
Memo Entry

B.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-1961-470000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 438 South Willow	Amount of Each Disbursement this Period 475.57
	City Manchester State NH Zip Code 03103	
	Purpose of Disbursement Car Rental	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) ▼

[MEMO ITEM]
Memo Entry

C.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-1961-480000 Date of Disbursement 10 / 26 / 2010
	Mailing Address Minneapolis Intl Airport 4300 Glumack Drive	Amount of Each Disbursement this Period 1702.70
	City Minneapolis State MN Zip Code 55111	
	Purpose of Disbursement Car Rental	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) ▼

[MEMO ITEM]
Memo Entry

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 79 / 168

<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

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.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-1961-490000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 7600 Earhard Road, Suite 1	Amount of Each Disbursement this Period 1096.54
	City Oakland State CA Zip Code 94621	
	Purpose of Disbursement Car Rental	
	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]
Memo Entry

B.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-1961-500000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 18601 North Airport Way	Amount of Each Disbursement this Period 561.17
	City Santa Ana State CA Zip Code 92707	
	Purpose of Disbursement Car Rental	
	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]
Memo Entry

C.	Full Name (Last, First, Middle Initial) Hertz Rent-A-Car	Transaction ID: SB21B-1961-510000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 2951 Market Street	Amount of Each Disbursement this Period 1050.02
	City Philadelphia State PA Zip Code 19104	
	Purpose of Disbursement Car Rental	
	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]
Memo Entry

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 80 / 168

<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

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.	Full Name (Last, First, Middle Initial) Hertz Rent-A-Car Mailing Address Pittsburgh Intl Airport 8 Rental Car Access Road City Pittsburgh State PA Zip Code 15231 Purpose of Disbursement Car Rental Candidate Name Office Sought: <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: SB21B-1961-520000 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 2001.22 [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Hertz Car Rental Mailing Address 100 Adams Avenue City Scranton State PA Zip Code 18503 Purpose of Disbursement Car Rental 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: SB21B-1961-530000 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 755.19 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Hertz Rent-A-Car Mailing Address 2493 Airport Road City State College State PA Zip Code 16803 Purpose of Disbursement Car Rental 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: SB21B-1961-540000 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 924.08 [MEMO ITEM] Memo Entry

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)

<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

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. Full Name (Last, First, Middle Initial) Hilton Scranton <hr/> Mailing Address 100 Adams Avenue <hr/> City Scranton State PA Zip Code 18503 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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: SB21B-1961-550000 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 97.90 [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) Hilton Toledo <hr/> Mailing Address 3100 Glendale Avenue <hr/> City Toledo State OH Zip Code 43614 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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: SB21B-1961-560000 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 3859.81 [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) Hilton Garden Inn Akron <hr/> Mailing Address 5251 Landmark Blvd <hr/> City North Canton State OH Zip Code 44720 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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: SB21B-1961-570000 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 699.20 [MEMO ITEM] Memo Entry

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)

<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

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.	Full Name (Last, First, Middle Initial) Hilton Austin	Transaction ID: SB21B-1961-580000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 500 East 4th Street	Amount of Each Disbursement this Period 3049.66
	City Austin State TX Zip Code 78701	
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	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) HILTON HOTEL	Transaction ID: SB21B-1961-590000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1501 Lake Hearn Drive	Amount of Each Disbursement this Period 1412.25
	City ATLANTA State GA Zip Code 30319	
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	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) Hilton Hotels Beverly Hills	Transaction ID: SB21B-1961-600000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 9876 Wilshire Boulevard	Amount of Each Disbursement this Period 16012.94
	City Beverly Hills State CA Zip Code 90210	
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	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) ▶

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) Holiday Inn Express Albuquerque</p> <p>Mailing Address 2500 Menaul Blvd NE</p> <p>City Albuquerque State NM Zip Code 87107</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-610000 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1789.07</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Holiday Inn Express Pittsburgh</p> <p>Mailing Address 20 South Tenth Street</p> <p>City Pittsburgh State PA Zip Code 15203</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-620000 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 169.86</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Holiday Inn Express Omaha</p> <p>Mailing Address 10729 J Street</p> <p>City Omaha State NE Zip Code 68127</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-630000 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2279.00</p> <p>[MEMO ITEM] Memo Entry</p>

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 84 / 168

<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

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.	Full Name (Last, First, Middle Initial) Holiday Inn North Canton <hr/> Mailing Address 4520 Everhard Road N.W. <hr/> City Canton State OH Zip Code 44718 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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: SB21B-1961-640000 Date of Disbursement 10 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 3864.96 <hr/> [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Hyatt Place Madison <hr/> Mailing Address 333 West Washington Avenue <hr/> City Madison State WI Zip Code 53703 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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: SB21B-1961-650000 Date of Disbursement 10 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 1855.13 <hr/> [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Holiday Inn Hotel & Suites <hr/> Mailing Address 2720 North Glenstone Avenue <hr/> City Springfield State MO Zip Code 65803 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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: SB21B-1961-660000 Date of Disbursement 10 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 1839.80 <hr/> [MEMO ITEM] Memo Entry

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)

<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

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.	Full Name (Last, First, Middle Initial) INTERCONTINENTAL HOTEL	Transaction ID: SB21B-1961-670000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 2151 Avenue of the Stars	Amount of Each Disbursement this Period 6544.44
	City LOS ANGELES State CA Zip Code 90066	
	Purpose of Disbursement Lodging & Catering	
	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] Memo Entry

B.	Full Name (Last, First, Middle Initial) JetBlue Airways Corporation	Transaction ID: SB21B-1961-680000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 118-29 Queens Blvd	Amount of Each Disbursement this Period 303.70
	City Forest Hills State NY Zip Code 11375	
	Purpose of Disbursement Airfare	
	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] Memo Entry

C.	Full Name (Last, First, Middle Initial) THE LOEWS REGENCY HOTEL	Transaction ID: SB21B-1961-690000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 540 Park Avenue	Amount of Each Disbursement this Period 935.15
	City New York State NY Zip Code 10065	
	Purpose of Disbursement Lodging & Catering	
	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] Memo Entry

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)

<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

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.	Full Name (Last, First, Middle Initial) LOEWS VANDERBILT HOTEL	Transaction ID: SB21B-1961-700000
	Mailing Address 2100 WEST END AVE.	Date of Disbursement 10 / 26 / 2010
	City NASHVILLE State TN Zip Code 37203	Amount of Each Disbursement this Period 2234.08
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Philadelphia Marriott Downtown	Transaction ID: SB21B-1961-710000
	Mailing Address 1201 Market Street	Date of Disbursement 10 / 26 / 2010
	City Philadelphia State PA Zip Code 19107	Amount of Each Disbursement this Period 171.65
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Stamford Marriott	Transaction ID: SB21B-1961-720000
	Mailing Address 243 Tresser Blvd	Date of Disbursement 10 / 26 / 2010
	City Stamford State CT Zip Code 06901	Amount of Each Disbursement this Period 9894.00
	Purpose of Disbursement Lodging & Catering	[MEMO ITEM] Memo Entry
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) Nittany Lion Inn</p> <p>Mailing Address 200 West Park Avenue</p> <p>City State Zip Code State College PA 16803</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-730000 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 3862.92</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) InterContinental New York Barclay</p> <p>Mailing Address 111 East 48th Street</p> <p>City State Zip Code New York NY 10017</p> <p>Purpose of Disbursement Lodging & Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-740000 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 737.10</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR</p> <p>Mailing Address 1755 E Locust St</p> <p>City State Zip Code OMAHA NE 68110</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-750000 Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 175.84</p> <p>[MEMO ITEM] Memo Entry</p>

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)

<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

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.	Full Name (Last, First, Middle Initial) OMNI HOTELS	Transaction ID: SB21B-1961-760000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 530 WILLIAM PENN PLACE	Amount of Each Disbursement this Period 1263.84
	City PITTSBURGH State PA Zip Code 15219	
	Purpose of Disbursement Lodging & Catering	
	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] Memo Entry

B.	Full Name (Last, First, Middle Initial) Orbitz	Transaction ID: SB21B-1961-770000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 200 South Wacker Drive	Amount of Each Disbursement this Period 6154.73
	City Chicago State IL Zip Code 60606	
	Purpose of Disbursement Airfare	
	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] Memo Entry

C.	Full Name (Last, First, Middle Initial) The Penn Stater Conference Ctr Hotel	Transaction ID: SB21B-1961-780000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 215 Innovation Boulevard	Amount of Each Disbursement this Period 1923.73
	City State College State PA Zip Code 16803	
	Purpose of Disbursement Lodging & Catering	
	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] Memo Entry

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)

<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

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.	Full Name (Last, First, Middle Initial) RENAISSANCE HOTEL	Transaction ID: SB21B-1961-790000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 24 Public Sq	Amount of Each Disbursement this Period 122.11
	City CLEVELAND State OH Zip Code 43215	
	Purpose of Disbursement Lodging & Catering	
	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] Memo Entry

B.	Full Name (Last, First, Middle Initial) Sheraton Columbia Downtown	Transaction ID: SB21B-1961-800000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 1400 Main Street	Amount of Each Disbursement this Period 728.28
	City Columbia State SC Zip Code 29201	
	Purpose of Disbursement Lodging & Catering	
	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] Memo Entry

C.	Full Name (Last, First, Middle Initial) Sheraton Philadelphia City Ctr	Transaction ID: SB21B-1961-810000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 17th & Race Street	Amount of Each Disbursement this Period 4786.42
	City Philadelphia State PA Zip Code 19103	
	Purpose of Disbursement Lodging & Catering	
	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] Memo Entry

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)

<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

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.

Full Name (Last, First, Middle Initial)
SHERATON STATION SQUARE HOTEL

Mailing Address 7 STATION SQUARE

City State Zip Code
PITTSBURG PA 15219

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-820000

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

4070.72

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
Sheraton Suites Wilmington

Mailing Address 422 Delaware Avenue

City State Zip Code
Wilmington DE 19801

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-830000

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

196.90

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City State Zip Code
DALLAS TX 75235

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-1961-840000

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

2099.30

[MEMO ITEM]
Memo Entry

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 91 / 168

<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Spirit Airlines</p> <p>Mailing Address 2800 Executive Way</p> <p>City Miramar State FL Zip Code 33025</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-850000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 450.16</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Travel Agency Service</p> <p>Mailing Address 3415 E Kiehl Ave</p> <p>City Little Rock State AR Zip Code 72205</p> <p>Purpose of Disbursement Travel Agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-860000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 6785.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address 77 W. Wacker Drive</p> <p>City Chicago State IL Zip Code 60601</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1961-870000</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 19005.50</p> <p>[MEMO ITEM] Memo Entry</p>

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 92 / 168

<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

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.	Full Name (Last, First, Middle Initial) US Airways Group Inc.	Transaction ID: SB21B-1961-880000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 111 W. Rio Salado Pkwy	Amount of Each Disbursement this Period 22208.50
	City Tempe State AZ Zip Code 85281	
	Purpose of Disbursement Airfare	
	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] Memo Entry

B.	Full Name (Last, First, Middle Initial) WALDORF ASTORIA HOTEL	Transaction ID: SB21B-1961-890000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 301 Park Avenue	Amount of Each Disbursement this Period 12403.72
	City New York State NY Zip Code 10022	
	Purpose of Disbursement Lodging & Catering	
	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] Memo Entry

C.	Full Name (Last, First, Middle Initial) Westin Diplomat Resort	Transaction ID: SB21B-1961-900000 Date of Disbursement 10 / 26 / 2010
	Mailing Address 3555 S.Ocean Drive	Amount of Each Disbursement this Period 3776.67
	City Hollywood State FL Zip Code 33019	
	Purpose of Disbursement Lodging & Catering	
	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] Memo Entry

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 93 / 168

<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

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.	Full Name (Last, First, Middle Initial) American Traffic Solutions Inc.	Transaction ID: SB21B-1961-910000 Date of Disbursement																			
	Mailing Address 7681 E. Gray Road	<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>1</td><td>0</td><td></td><td>2</td><td>6</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	1	0		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
	City Scottsdale State AZ Zip Code 85260	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Car Rental	<table border="1"><tr><td>30.00</td></tr></table>	30.00																		
30.00																					
	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] Memo Entry																			

B.	Full Name (Last, First, Middle Initial) Plate Pass	Transaction ID: SB21B-1961-920000 Date of Disbursement																			
	Mailing Address 7681 East Gray Road	<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>1</td><td>0</td><td></td><td>2</td><td>6</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	1	0		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
	City Scottsdale State AZ Zip Code 85260	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Car Rental	<table border="1"><tr><td>12.50</td></tr></table>	12.50																		
12.50																					
	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] Memo Entry																			

C.	Full Name (Last, First, Middle Initial) ANDREW BINNS	Transaction ID: SB21B-1495 Date of Disbursement																			
	Mailing Address 75 Peterborough Street, #407	<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>1</td><td>0</td><td></td><td>2</td><td>7</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	1	0		2	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	1	0												
	City Boston State MA Zip Code 02215	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Events-Supplies	<table border="1"><tr><td>623.07</td></tr></table>	623.07																		
623.07																					
	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) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>623.07</td></tr></table>	623.07
623.07		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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

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.	Full Name (Last, First, Middle Initial) ANDREW BINNS	Transaction ID: SB21B-1496 Date of Disbursement 10 / 27 / 2010
	Mailing Address 75 Peterborough Street, #407	Amount of Each Disbursement this Period 110.39
	City Boston State MA Zip Code 02215	
	Purpose of Disbursement Travel Expense	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) ANDREW BINNS	Transaction ID: SB21B-1497 Date of Disbursement 10 / 27 / 2010
	Mailing Address 75 Peterborough Street, #407	Amount of Each Disbursement this Period 800.00
	City Boston State MA Zip Code 02215	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) ALAN BRAY	Transaction ID: SB21B-1498 Date of Disbursement 10 / 27 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 179.50
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	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)	▶	1089.89
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-1499 Date of Disbursement 10 / 27 / 2010
	Mailing Address 14 Q Street NE, UNIT B	Amount of Each Disbursement this Period 600.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	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) Anna Brower	Transaction ID: SB21B-1500 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1255 Severn Court	Amount of Each Disbursement this Period 27.24
	City Ann Arbor State MI Zip Code 48105	
	Purpose of Disbursement Travel Expense	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Anna Brower	Transaction ID: SB21B-1501 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1255 Severn Court	Amount of Each Disbursement this Period 700.00
	City Ann Arbor State MI Zip Code 48105	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1327.24
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

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

<p>A. Full Name (Last, First, Middle Initial) Chynna Clayton</p> <p>Mailing Address 5041 Suitland Road</p> <p>City Suitland State MD Zip Code 20746</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1502</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>B. Full Name (Last, First, Middle Initial) Monique Dorsainvil</p> <p>Mailing Address 1204 Lamont Street, NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1503</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 42.43</p>
<p>C. Full Name (Last, First, Middle Initial) Monique Dorsainvil</p> <p>Mailing Address 1204 Lamont Street, NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1504</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

1542.43

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brandon Lepow</p> <p>Mailing Address 2401 Calvert St., NW, Apt. 509</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1505</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 71.09</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brandon Lepow</p> <p>Mailing Address 2401 Calvert St., NW, Apt. 509</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1506</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1507</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 23.58</p>

SUBTOTAL of Disbursements This Page (optional) ▶

794.67

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

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

<p>A. Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1508</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>B. Full Name (Last, First, Middle Initial) Joshua Lipsky</p> <p>Mailing Address 1638 19th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1509</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 448.00</p>
<p>C. Full Name (Last, First, Middle Initial) Shannon Loredó</p> <p>Mailing Address 405 Concord Drive</p> <p>City Oregon State WI Zip Code 53575</p> <p>Purpose of Disbursement Events-Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1510</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 226.65</p>

SUBTOTAL of Disbursements This Page (optional)	724.65
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

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.	Full Name (Last, First, Middle Initial) Shannon Loredo	Transaction ID: SB21B-1511 Date of Disbursement
	Mailing Address 405 Concord Drive	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Oregon State WI Zip Code 53575	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="10.00"/>
	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) Shannon Loredo	Transaction ID: SB21B-1512 Date of Disbursement
	Mailing Address 405 Concord Drive	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Oregon State WI Zip Code 53575	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="800.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) BRIAN MCPARTLIN	Transaction ID: SB21B-1513 Date of Disbursement
	Mailing Address 1 E. LONNQUIST BLVD.	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City MOUNT PROSPECT State IL Zip Code 60056	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="76.80"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="886.80"/>
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)

PAGE 100 / 168

<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

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.	Full Name (Last, First, Middle Initial) BRIAN MCPARTLIN	Transaction ID: SB21B-1514 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1 E. LONNQUIST BLVD.	
	City MOUNT PROSPECT State IL Zip Code 60056	Amount of Each Disbursement this Period 390.50
	Purpose of Disbursement Travel & Subsistence Expense Reimb 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) Chris Mussett	Transaction ID: SB21B-1515 Date of Disbursement 10 / 27 / 2010
	Mailing Address 131 E Davenport, Apt. #3	
	City Iowa City State IA Zip Code 52245	Amount of Each Disbursement this Period 34.38
	Purpose of Disbursement Travel Expense 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) ▼

C.	Full Name (Last, First, Middle Initial) Chris Mussett	Transaction ID: SB21B-1516 Date of Disbursement 10 / 27 / 2010
	Mailing Address 131 E Davenport, Apt. #3	
	City Iowa City State IA Zip Code 52245	Amount of Each Disbursement this Period 330.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb 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) ▼

SUBTOTAL of Disbursements This Page (optional)	754.88
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 101 / 168

<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

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.	Full Name (Last, First, Middle Initial) Philippe Nassif	Transaction ID: SB21B-1517 Date of Disbursement 10 / 27 / 2010
	Mailing Address 355 I Street, SW, Apt 125	
	City Washington State DC Zip Code 20024	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	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) Natalie Reese	Transaction ID: SB21B-1518 Date of Disbursement 10 / 27 / 2010
	Mailing Address 2930 Newark Street, NW	
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Natalie Reese	Transaction ID: SB21B-1519 Date of Disbursement 10 / 27 / 2010
	Mailing Address 2930 Newark Street, NW	
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	2400.00
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 102 / 168

<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

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. Full Name (Last, First, Middle Initial) IAN ROSE <hr/> Mailing Address 147 D Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1520 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 36.86
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) IAN ROSE <hr/> Mailing Address 147 D Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Airline Baggage Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1521 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 30.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) IAN ROSE <hr/> Mailing Address 147 D Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-1522 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 700.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

766.86

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 103 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1523</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 74.18</p>
<p>B. Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1524</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>C. Full Name (Last, First, Middle Initial) Michael Ruemmler</p> <p>Mailing Address 2501 Porter St., NW, Apt 315</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1525</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 64.21</p>

SUBTOTAL of Disbursements This Page (optional)	838.39
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 104 / 168

<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Michael Ruemmler</p> <p>Mailing Address 2501 Porter St., NW, Apt 315</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1526</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BEN SHANNON</p> <p>Mailing Address 5609 Silo Hill Court</p> <p>City Derwood State MD Zip Code 20855</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1527</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 43.41</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BEN SHANNON</p> <p>Mailing Address 5609 Silo Hill Court</p> <p>City Derwood State MD Zip Code 20855</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1528</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

773.41

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 105 / 168

<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

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.	Full Name (Last, First, Middle Initial) BEN SHANNON	Transaction ID: SB21B-1529 Date of Disbursement 10 / 27 / 2010
	Mailing Address 5609 Silo Hill Court	Amount of Each Disbursement this Period 700.00
	City Derwood State MD Zip Code 20855	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	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) BEN SHANNON	Transaction ID: SB21B-1530 Date of Disbursement 10 / 27 / 2010
	Mailing Address 5609 Silo Hill Court	Amount of Each Disbursement this Period 28.30
	City Derwood State MD Zip Code 20855	
	Purpose of Disbursement Travel Expense	
	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) ▼

C.	Full Name (Last, First, Middle Initial) BEN SHANNON	Transaction ID: SB21B-1531 Date of Disbursement 10 / 27 / 2010
	Mailing Address 5609 Silo Hill Court	Amount of Each Disbursement this Period 50.00
	City Derwood State MD Zip Code 20855	
	Purpose of Disbursement Airline Baggage Fees	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	778.30
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

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

<p>A. Full Name (Last, First, Middle Initial) BEN SHANNON</p> <p>Mailing Address 5609 Silo Hill Court</p> <p>City Derwood State MD Zip Code 20855</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1532</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>B. Full Name (Last, First, Middle Initial) Avra Stackpole</p> <p>Mailing Address 7200 Nathaniel Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Events-Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1533</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 33.07</p>
<p>C. Full Name (Last, First, Middle Initial) Avra Stackpole</p> <p>Mailing Address 7200 Nathaniel Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1534</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 154.77</p>

SUBTOTAL of Disbursements This Page (optional) ▶

987.84

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)

PAGE 107 / 168

<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

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.	Full Name (Last, First, Middle Initial) Avra Stackpole	Transaction ID: SB21B-1535 Date of Disbursement 10 / 27 / 2010
	Mailing Address 7200 Nathaniel Lane	Amount of Each Disbursement this Period 1000.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) Avra Stackpole	Transaction ID: SB21B-1536 Date of Disbursement 10 / 27 / 2010
	Mailing Address 7200 Nathaniel Lane	Amount of Each Disbursement this Period 11.66
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Travel Expense	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) Avra Stackpole	Transaction ID: SB21B-1537 Date of Disbursement 10 / 27 / 2010
	Mailing Address 7200 Nathaniel Lane	Amount of Each Disbursement this Period 50.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Airline Baggage 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1061.66
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 108 / 168

<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

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.	Full Name (Last, First, Middle Initial) Avra Stackpole	Transaction ID: SB21B-1538 Date of Disbursement 10 / 27 / 2010
	Mailing Address 7200 Nathaniel Lane	Amount of Each Disbursement this Period 800.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) JEFFREY TATE	Transaction ID: SB21B-1539 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1216 7th St., NW, Apt 101	Amount of Each Disbursement this Period 700.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) JEFFREY TATE	Transaction ID: SB21B-1540 Date of Disbursement 10 / 27 / 2010
	Mailing Address 1216 7th St., NW, Apt 101	Amount of Each Disbursement this Period 600.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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)	2100.00
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 109 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Markey for Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80522</p> <p>Purpose of Disbursement Refund of Offset</p> <p>Candidate Name Markey for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1541 Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 18000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Shannon Loredo</p> <p>Mailing Address 405 Concord Drive</p> <p>City Oregon State WI Zip Code 53575</p> <p>Purpose of Disbursement Events-Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1542 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period -226.65</p>
<p>C. Full Name (Last, First, Middle Initial) Shannon Loredo</p> <p>Mailing Address 405 Concord Drive</p> <p>City Oregon State WI Zip Code 53575</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1543 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period -10.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

17763.35

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 110 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Shannon Loredo</p> <p>Mailing Address 405 Concord Drive</p> <p>City Oregon State WI Zip Code 53575</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1544 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period -800.00</p>
<p>B. Full Name (Last, First, Middle Initial) Elizabeth Alexander</p> <p>Mailing Address 1830 17th Street, NW, #T-1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1545 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 52.47</p>
<p>C. Full Name (Last, First, Middle Initial) Kevin Bailey</p> <p>Mailing Address 2008 13th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1546 Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 71.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-676.53

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 111 / 168

<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

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.	Full Name (Last, First, Middle Initial) Kevin Bailey	Transaction ID: SB21B-1547 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2008 13th Street, NW	Amount of Each Disbursement this Period 556.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) NORA COHEN	Transaction ID: SB21B-1548 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1650 Park Road, NW	Amount of Each Disbursement this Period 19.01
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel Expense	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) NORA COHEN	Transaction ID: SB21B-1549 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1650 Park Road, NW	Amount of Each Disbursement this Period 177.87
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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)	752.88
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 112 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1550</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 100.70</p>
<p>B. Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1551</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 31.80</p>
<p>C. Full Name (Last, First, Middle Initial) NORA COHEN</p> <p>Mailing Address 1650 Park Road, NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1552</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 122.43</p>

SUBTOTAL of Disbursements This Page (optional) ▶

254.93

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 113 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) ERIC COUTO</p> <p>Mailing Address 2016 E. Marion Street</p> <p>City Shorewood State WI Zip Code 53211</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1553</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p>B. Full Name (Last, First, Middle Initial) Eileen de Parrie</p> <p>Mailing Address 3493 W. 33rd Avenue</p> <p>City Denver State CO Zip Code 80211</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1554</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 48.80</p>
<p>C. Full Name (Last, First, Middle Initial) Eileen de Parrie</p> <p>Mailing Address 3493 W. 33rd Avenue</p> <p>City Denver State CO Zip Code 80211</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1555</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1448.80

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 114 / 168

<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) James Doody</p> <p>Mailing Address 44 Hidden Valley Drive</p> <p>City Newark State DE Zip Code 19711</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1556</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 159.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) James Doody</p> <p>Mailing Address 44 Hidden Valley Drive</p> <p>City Newark State DE Zip Code 19711</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1557</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 120.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) James Doody</p> <p>Mailing Address 44 Hidden Valley Drive</p> <p>City Newark State DE Zip Code 19711</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1558</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

879.00

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 115 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1559</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 115 W. Monument Ave., Apt 1001</p> <p>City Dayton State OH Zip Code 45402</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1560</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 396.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAVID GIFFORD</p> <p>Mailing Address 4082 Happy Valley Road</p> <p>City Lafayette State CA Zip Code 94549</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1564</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 101.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

547.75

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 116 / 168

<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

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.	Full Name (Last, First, Middle Initial) DAVID GIFFORD	Transaction ID: SB21B-1565 Date of Disbursement 11 / 02 / 2010
	Mailing Address 4082 Happy Valley Road	Amount of Each Disbursement this Period 50.00
	City Lafayette State CA Zip Code 94549	
	Purpose of Disbursement Airline Baggage 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) DAVID GIFFORD	Transaction ID: SB21B-1566 Date of Disbursement 11 / 02 / 2010
	Mailing Address 4082 Happy Valley Road	Amount of Each Disbursement this Period 426.00
	City Lafayette State CA Zip Code 94549	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) Itai I. Grunfeld	Transaction ID: SB21B-1567 Date of Disbursement 11 / 02 / 2010
	Mailing Address 624 N. Virgil Avenue	Amount of Each Disbursement this Period 392.00
	City Los Angeles State CA Zip Code 90004	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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)	868.00
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 117 / 168

<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

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.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-1568 Date of Disbursement 11 / 02 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 7.20
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Travel Expense 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) HORACIO GUTIERREZ	Transaction ID: SB21B-1569 Date of Disbursement 11 / 02 / 2010
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 500.00
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb 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) ▼

C.	Full Name (Last, First, Middle Initial) Shannon Loredó	Transaction ID: SB21B-1570 Date of Disbursement 11 / 02 / 2010
	Mailing Address 405 Concord Drive	Amount of Each Disbursement this Period 226.65
	City Oregon State WI Zip Code 53575	
	Purpose of Disbursement Events-Supplies 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

733.85

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 118 / 168

<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

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.	Full Name (Last, First, Middle Initial) Shannon Loredo Mailing Address 405 Concord Drive City Oregon State WI Zip Code 53575 Purpose of Disbursement Travel Expense 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: SB21B-1571 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 10.00
B.	Full Name (Last, First, Middle Initial) Kerry McNellis Mailing Address 6 Dover Court City San Carlos State CA Zip Code 94070 Purpose of Disbursement Travel Expense 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: SB21B-1572 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 6.00
C.	Full Name (Last, First, Middle Initial) Kerry McNellis Mailing Address 6 Dover Court City San Carlos State CA Zip Code 94070 Purpose of Disbursement Travel & Subsistence Expense Reimb 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: SB21B-1573 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 400.00

SUBTOTAL of Disbursements This Page (optional)	416.00
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 119 / 168

<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

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.	Full Name (Last, First, Middle Initial) Jaime Moore	Transaction ID: SB21B-1574 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 35.44
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Travel Expense 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) Jaime Moore	Transaction ID: SB21B-1575 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1451 Walz Avenue	Amount of Each Disbursement this Period 500.00
	City Glenwood Springs State CO Zip Code 81601	
	Purpose of Disbursement Travel & Subsistence Expense Reimb 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) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT SCHMUCK	Transaction ID: SB21B-1576 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1118 5th Street, NW	Amount of Each Disbursement this Period 6.05
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense 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) ▼

SUBTOTAL of Disbursements This Page (optional)	541.49
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 120 / 168

<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

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.	Full Name (Last, First, Middle Initial) ROBERT SCHMUCK	Transaction ID: SB21B-1577 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1118 5th Street, NW	Amount of Each Disbursement this Period 6.72
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	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) BEN SHANNON	Transaction ID: SB21B-1578 Date of Disbursement 11 / 02 / 2010
	Mailing Address 5609 Silo Hill Court	Amount of Each Disbursement this Period 84.19
	City Derwood State MD Zip Code 20855	
	Purpose of Disbursement Travel Expense	
	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) ▼

C.	Full Name (Last, First, Middle Initial) BEN SHANNON	Transaction ID: SB21B-1579 Date of Disbursement 11 / 02 / 2010
	Mailing Address 5609 Silo Hill Court	Amount of Each Disbursement this Period 50.00
	City Derwood State MD Zip Code 20855	
	Purpose of Disbursement Airline Baggage Fees	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	140.91
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 121 / 168

<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

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.	Full Name (Last, First, Middle Initial) BEN SHANNON	Transaction ID: SB21B-1580 Date of Disbursement 11 / 02 / 2010
	Mailing Address 5609 Silo Hill Court	Amount of Each Disbursement this Period 357.00
	City Derwood State MD Zip Code 20855	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) Matthew Teper	Transaction ID: SB21B-1581 Date of Disbursement 11 / 02 / 2010
	Mailing Address 3807 Porter St., NW, #302	Amount of Each Disbursement this Period 52.47
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) Nicholas Friendly	Transaction ID: SB21B-1582 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2560 36TH ST., NW	Amount of Each Disbursement this Period 38.75
	City WASHINGTON State DC Zip Code 20007	
	Purpose of Disbursement Travel Expense	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)	▶	448.22
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)

PAGE 122 / 168

<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

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.	Full Name (Last, First, Middle Initial) Nicholas Friendly	Transaction ID: SB21B-1583 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2560 36TH ST., NW	Amount of Each Disbursement this Period 50.00
	City WASHINGTON State DC Zip Code 20007	
	Purpose of Disbursement Airline Baggage 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) Nicholas Friendly	Transaction ID: SB21B-1584 Date of Disbursement 11 / 02 / 2010
	Mailing Address 2560 36TH ST., NW	Amount of Each Disbursement this Period 400.00
	City WASHINGTON State DC Zip Code 20007	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1585 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 637.12
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift Helo	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)	1087.12
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 123 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25</p> <p>City Washington State DC Zip Code 20502</p> <p>Purpose of Disbursement White House Airlift Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1586</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 6713.38</p>
<p>B. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25</p> <p>City Washington State DC Zip Code 20502</p> <p>Purpose of Disbursement White House Airlift In-flight Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1587</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 25.60</p>
<p>C. Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25</p> <p>City Washington State DC Zip Code 20502</p> <p>Purpose of Disbursement White House Airlift Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1588</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 7029.72</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13768.70

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25</p> <p>City Washington State DC Zip Code 20502</p> <p>Purpose of Disbursement White House Airlift Helo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1589</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 902.47</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25</p> <p>City Washington State DC Zip Code 20502</p> <p>Purpose of Disbursement White House Airlift In-flight Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1590</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 44.27</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25</p> <p>City Washington State DC Zip Code 20502</p> <p>Purpose of Disbursement White House Airlift In-flight Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1591</p> <p>Date of Disbursement 11 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 26.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

972.74

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1592 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="7074.46"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1593 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="298.15"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1594 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="2123.11"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9495.72"/>
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)

PAGE 126 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1595 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="16981.79"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1596 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="54.72"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1597 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="2162.48"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="19198.99"/>
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)

PAGE 127 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1598 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 11.28
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift In-flight 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) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1599 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 110.32
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift Helo	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1600 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 8619.92
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift Airfare	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)	8741.52
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 128 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1601 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="411.30"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1602 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="45.18"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1603 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="1.38"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="457.86"/>
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)

PAGE 129 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1604 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="413.59"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1605 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="90.40"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1606 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="28.60"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="532.59"/>
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)

PAGE 130 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1607 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="7311.31"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1608 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="757.72"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1609 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="6.27"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8075.30"/>
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)

PAGE 131 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1610 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="1614.49"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1611 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="178.84"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1612 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="33.16"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1826.49"/>
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)

PAGE 132 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1613 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="10173.78"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1614 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="830.08"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1615 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="27.61"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11031.47"/>
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)

PAGE 133 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1616 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="802.86"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1617 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="6408.59"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1618 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="15.30"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7226.75"/>
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)

PAGE 134 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1619 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="323.56"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1620 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="4029.23"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1621 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="17.56"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

4370.35

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 135 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1622
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 11 / 02 / 2010
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 2940.59
	Purpose of Disbursement White House Airlift Helo	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1623
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 11 / 02 / 2010
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 8200.20
	Purpose of Disbursement White House Airlift Airfare	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1624
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 11 / 02 / 2010
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 34.71
	Purpose of Disbursement White House Airlift In-flight 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)

11175.50

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1625 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="40.56"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1626 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="443.40"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1627 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="2.26"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="486.22"/>
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)

PAGE 137 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1628 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="186.88"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1629 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="8741.16"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1630 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="527.01"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1631 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="72.56"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1632 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="5307.25"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1633 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="67.85"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5447.66"/>
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)

PAGE 139 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1634 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="6802.21"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1635 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="63.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1636 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="1956.19"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8821.70"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1637 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="12.14"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1638 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="8125.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1639 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="60.54"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8197.68"/>
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)

PAGE 141 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1640 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="387.90"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1641 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="5000.64"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1642 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="35.12"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1643 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="74.32"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1644 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="647.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1645 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="2.33"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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 143 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1646 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="230.28"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1647 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="3919.08"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1648 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="15.72"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4165.08"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1649 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="572.84"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1650 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="3358.16"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1651 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="19.80"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

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 145 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1652 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="98.44"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1653 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="2596.54"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1654 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="2595.56"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

5290.54

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 146 / 168

<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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1655 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="13.58"/>
	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1656 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="757.72"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1657 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="10767.68"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11538.98"/>
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

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.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-1658 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="49.52"/>
	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) DEPARTMENT OF TREASURY	Transaction ID: SB21B-1659 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare	<input type="text" value="957.57"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-1660 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare	<input type="text" value="384.12"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

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 148 / 168

<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

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.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1661
Date of Disbursement

Mailing Address P.O. BOX 27800

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

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

2255.13

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1662
Date of Disbursement

Mailing Address P.O. BOX 27800

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

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement
Lodging & Catering

5177.59

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1663
Date of Disbursement

Mailing Address P.O. BOX 27800

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

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

416.48

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

7849.20

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 149 / 168

<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

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.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1664
Date of Disbursement

Mailing Address P.O. BOX 27800

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

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

910.60

Purpose of Disbursement

Airfare

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1665
Date of Disbursement

Mailing Address P.O. BOX 27800

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

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

847.63

Purpose of Disbursement

Airfare

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1666
Date of Disbursement

Mailing Address P.O. BOX 27800

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

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

-114.48

Purpose of Disbursement

Train Travel

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1643.75

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 150 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Elizabeth Alexander</p> <p>Mailing Address 1830 17th Street, NW, #T-1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1668</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 80.94</p>
<p>B. Full Name (Last, First, Middle Initial) Elizabeth Alexander</p> <p>Mailing Address 1830 17th Street, NW, #T-1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1669</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 20.66</p>
<p>C. Full Name (Last, First, Middle Initial) Eileen de Parrie</p> <p>Mailing Address 3493 W. 33rd Avenue</p> <p>City Denver State CO Zip Code 80211</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1670</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 19.20</p>

SUBTOTAL of Disbursements This Page (optional) ▶

120.80

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

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.	Full Name (Last, First, Middle Initial) Eileen de Parrie	Transaction ID: SB21B-1671 Date of Disbursement 11 / 09 / 2010
	Mailing Address 3493 W. 33rd Avenue	Amount of Each Disbursement this Period 13.50
	City Denver State CO Zip Code 80211	
	Purpose of Disbursement Airline Baggage 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) Eileen de Parrie	Transaction ID: SB21B-1672 Date of Disbursement 11 / 09 / 2010
	Mailing Address 3493 W. 33rd Avenue	Amount of Each Disbursement this Period 75.73
	City Denver State CO Zip Code 80211	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) ELI FLEET	Transaction ID: SB21B-1673 Date of Disbursement 11 / 09 / 2010
	Mailing Address 501 12TH STREET, NE, APT. 36	Amount of Each Disbursement this Period 32.64
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	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)	▶	121.87
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

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.	Full Name (Last, First, Middle Initial) ELI FLEET	Transaction ID: SB21B-1674 Date of Disbursement 11 / 09 / 2010
	Mailing Address 501 12TH STREET, NE, APT. 36	Amount of Each Disbursement this Period 32.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Airline Baggage 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) ELI FLEET	Transaction ID: SB21B-1675 Date of Disbursement 11 / 09 / 2010
	Mailing Address 501 12TH STREET, NE, APT. 36	Amount of Each Disbursement this Period 214.27
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) DAVID GREELISH	Transaction ID: SB21B-1676 Date of Disbursement 11 / 09 / 2010
	Mailing Address 69 Galen Street, #5	Amount of Each Disbursement this Period 150.75
	City Watertown State MA Zip Code 02472	
	Purpose of Disbursement Travel Expense	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)	▶	397.02
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 153 / 168

<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

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.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-1677 Date of Disbursement
	Mailing Address 69 Galen Street, #5	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Watertown State MA Zip Code 02472	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="239.63"/>
	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) DAVID GREELISH	Transaction ID: SB21B-1678 Date of Disbursement
	Mailing Address 69 Galen Street, #5	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Watertown State MA Zip Code 02472	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="66.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-1679 Date of Disbursement
	Mailing Address 69 Galen Street, #5	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Watertown State MA Zip Code 02472	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="201.30"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="506.93"/>
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)

PAGE 154 / 168

<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

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.	Full Name (Last, First, Middle Initial) Harvey Greene	Transaction ID: SB21B-1680 Date of Disbursement 11 / 09 / 2010
	Mailing Address 7589 NW 117TH LANE	Amount of Each Disbursement this Period 28.81
	City PARKLAND State FL Zip Code 33076	
	Purpose of Disbursement Travel Expense 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) Harvey Greene	Transaction ID: SB21B-1681 Date of Disbursement 11 / 09 / 2010
	Mailing Address 7589 NW 117TH LANE	Amount of Each Disbursement this Period 15.00
	City PARKLAND State FL Zip Code 33076	
	Purpose of Disbursement Airline Baggage Fees 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) ▼

C.	Full Name (Last, First, Middle Initial) Harvey Greene	Transaction ID: SB21B-1682 Date of Disbursement 11 / 09 / 2010
	Mailing Address 7589 NW 117TH LANE	Amount of Each Disbursement this Period 201.30
	City PARKLAND State FL Zip Code 33076	
	Purpose of Disbursement Travel & Subsistence Expense Reimb 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	245.11
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 155 / 168

<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

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.	Full Name (Last, First, Middle Initial) Kerry McNellis	Transaction ID: SB21B-1683 Date of Disbursement 11 / 09 / 2010
	Mailing Address 6 Dover Court	Amount of Each Disbursement this Period 271.58
	City San Carlos State CA Zip Code 94070	
	Purpose of Disbursement Travel & Subsistence Expense Reimb 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) Krystal Person	Transaction ID: SB21B-1684 Date of Disbursement 11 / 09 / 2010
	Mailing Address 155 Potomac Passage, Unit 222	Amount of Each Disbursement this Period 6.75
	City National Harbor State MD Zip Code 20745	
	Purpose of Disbursement Airline Baggage Fees 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) ▼

C.	Full Name (Last, First, Middle Initial) Krystal Person	Transaction ID: SB21B-1685 Date of Disbursement 11 / 09 / 2010
	Mailing Address 155 Potomac Passage, Unit 222	Amount of Each Disbursement this Period 103.28
	City National Harbor State MD Zip Code 20745	
	Purpose of Disbursement Travel & Subsistence Expense Reimb 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) ▼

SUBTOTAL of Disbursements This Page (optional)	381.61
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 156 / 168

<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

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.	Full Name (Last, First, Middle Initial) Francesco Ripple	Transaction ID: SB21B-1686 Date of Disbursement 11 / 09 / 2010
	Mailing Address 3090 Palm Trace Landings Drive #417	Amount of Each Disbursement this Period 75.74
	City Davie State FL Zip Code 33314	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) JESSE J ROSEN	Transaction ID: SB21B-1687 Date of Disbursement 11 / 09 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 277.95
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Travel Expense	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) JESSE J ROSEN	Transaction ID: SB21B-1688 Date of Disbursement 11 / 09 / 2010
	Mailing Address 1045 W. County Line Road	Amount of Each Disbursement this Period 44.55
	City Bayside State WI Zip Code 53217	
	Purpose of Disbursement Airline Baggage 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

398.24

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 157 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) JESSE J ROSEN</p> <p>Mailing Address 1045 W. County Line Road</p> <p>City Bayside State WI Zip Code 53217</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1689</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 271.57</p>
<p>B. Full Name (Last, First, Middle Initial) Matthew Teper</p> <p>Mailing Address 3807 Porter St., NW, #302</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1690</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 80.94</p>
<p>C. Full Name (Last, First, Middle Initial) Matthew Teper</p> <p>Mailing Address 3807 Porter St., NW, #302</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1691</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 20.66</p>

SUBTOTAL of Disbursements This Page (optional) ▶

373.17

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 158 / 168

<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jeff Tiller</p> <p>Mailing Address 1025 G Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1692</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 35.28</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jeff Tiller</p> <p>Mailing Address 1025 G Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1693</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 212.16</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jeff Tiller</p> <p>Mailing Address 1025 G Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1694</p> <p>Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 117.85</p>

SUBTOTAL of Disbursements This Page (optional) ▶

365.29

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 159 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Jeff Tiller</p> <p>Mailing Address 1025 G Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1695 Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 201.30</p>
<p>B. Full Name (Last, First, Middle Initial) CATHERINE S. WELKER</p> <p>Mailing Address 2130 P Street, NW, #219</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1696 Date of Disbursement 11 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 75.74</p>
<p>C. Full Name (Last, First, Middle Initial) IAN ALBERG</p> <p>Mailing Address 1210 N. Taft Street, #705</p> <p>City Alexandria State VA Zip Code 22201</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1697 Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 34.02</p>

SUBTOTAL of Disbursements This Page (optional) ▶

311.06

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 160 / 168

<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

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.	Full Name (Last, First, Middle Initial) IAN ALBERG	Transaction ID: SB21B-1698 Date of Disbursement 11 / 10 / 2010
	Mailing Address 1210 N. Taft Street, #705	Amount of Each Disbursement this Period 9.45
	City Alexandria State VA Zip Code 22201	
	Purpose of Disbursement Airline Baggage 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) IAN ALBERG	Transaction ID: SB21B-1699 Date of Disbursement 11 / 10 / 2010
	Mailing Address 1210 N. Taft Street, #705	Amount of Each Disbursement this Period 249.80
	City Alexandria State VA Zip Code 22201	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) SAMANTHA FINKE	Transaction ID: SB21B-1700 Date of Disbursement 11 / 10 / 2010
	Mailing Address 703 BLAKE STREET	Amount of Each Disbursement this Period 36.48
	City ELLSWORTH State KS Zip Code 67439	
	Purpose of Disbursement Travel Expense	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)	▶	295.73
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 161 / 168

<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

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.	Full Name (Last, First, Middle Initial) SAMANTHA FINKE	Transaction ID: SB21B-1701 Date of Disbursement 11 / 10 / 2010
	Mailing Address 703 BLAKE STREET	Amount of Each Disbursement this Period 340.80
	City ELLSWORTH State KS Zip Code 67439	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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) Jennifer Larus	Transaction ID: SB21B-1702 Date of Disbursement 11 / 10 / 2010
	Mailing Address 14684 Sailboat Circle	Amount of Each Disbursement this Period 56.00
	City Midlothian State VA Zip Code 23112	
	Purpose of Disbursement Travel Expense	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) Jennifer Larus	Transaction ID: SB21B-1703 Date of Disbursement 11 / 10 / 2010
	Mailing Address 14684 Sailboat Circle	Amount of Each Disbursement this Period 532.50
	City Midlothian State VA Zip Code 23112	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	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)	▶	929.30
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 162 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Kerry McNellis</p> <p>Mailing Address 6 Dover Court</p> <p>City San Carlos State CA Zip Code 94070</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1704</p> <p>Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 22.34</p>
<p>B. Full Name (Last, First, Middle Initial) Kerry McNellis</p> <p>Mailing Address 6 Dover Court</p> <p>City San Carlos State CA Zip Code 94070</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1705</p> <p>Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 161.28</p>
<p>C. Full Name (Last, First, Middle Initial) Brian Mosteller</p> <p>Mailing Address 1450 Church St., NW, #304</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1706</p> <p>Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 117.18</p>

SUBTOTAL of Disbursements This Page (optional) ▶

300.80

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

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.	Full Name (Last, First, Middle Initial) Brian Mosteller	Transaction ID: SB21B-1707 Date of Disbursement 11 / 10 / 2010
	Mailing Address 1450 Church St., NW, #304	Amount of Each Disbursement this Period 325.90
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice	Transaction ID: SB21B-1708 Date of Disbursement 11 / 10 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 28.73
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Evelyn Marie Prentice	Transaction ID: SB21B-1709 Date of Disbursement 11 / 10 / 2010
	Mailing Address 634 Kling Street, Apt A	Amount of Each Disbursement this Period 22.00
	City Akron State OH Zip Code 44311	
	Purpose of Disbursement Airline Baggage Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	376.63
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

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

<p>A. Full Name (Last, First, Middle Initial) Evelyn Marie Prentice</p> <p>Mailing Address 634 Kling Street, Apt A</p> <p>City Akron State OH Zip Code 44311</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1710 Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 100.98</p>
<p>B. Full Name (Last, First, Middle Initial) Natalie Reese</p> <p>Mailing Address 2930 Newark Street, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1711 Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 461.50</p>
<p>C. Full Name (Last, First, Middle Initial) BEN SHANNON</p> <p>Mailing Address 5609 Silo Hill Court</p> <p>City Derwood State MD Zip Code 20855</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1712 Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 145.86</p>

SUBTOTAL of Disbursements This Page (optional) ▶

708.34

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 165 / 168

<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

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

<p>A. Full Name (Last, First, Middle Initial) Avra Stackpole</p> <p>Mailing Address 7200 Nathaniel Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1713</p> <p>Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 21.12</p>
<p>B. Full Name (Last, First, Middle Initial) Avra Stackpole</p> <p>Mailing Address 7200 Nathaniel Lane</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1714</p> <p>Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 234.30</p>
<p>C. Full Name (Last, First, Middle Initial) Kenneth D. Thompson</p> <p>Mailing Address 2401 Calvert St., NW, Apt 829</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-1715</p> <p>Date of Disbursement 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 189.87</p>

SUBTOTAL of Disbursements This Page (optional) ▶

445.29

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 166 / 168

<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

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. Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY <hr/> Mailing Address P.O. BOX 27800 <hr/> City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name <hr/> 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: SB21B-1716 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 482.41
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY <hr/> Mailing Address P.O. BOX 27800 <hr/> City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name <hr/> 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: SB21B-1717 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 798.80
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY <hr/> Mailing Address P.O. BOX 27800 <hr/> City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name <hr/> 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: SB21B-1718 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1429.76
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2710.97
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 167 / 168

<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

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.	Full Name (Last, First, Middle Initial) 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: <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: SB21B-1719 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period 1768.70
B.	Full Name (Last, First, Middle Initial) 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: <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: SB21B-1720 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period 1235.50
C.	Full Name (Last, First, Middle Initial) 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: <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: SB21B-1721 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period 2262.88

SUBTOTAL of Disbursements This Page (optional)	5267.08
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 168 / 168

<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

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.

Full Name (Last, First, Middle Initial)
DEPARTMENT OF TREASURY

Transaction ID: SB21B-1722
Date of Disbursement

Mailing Address P.O. BOX 27800

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

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

65.45

Purpose of Disbursement

Airfare

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BANK OF AMERICA,NA

Transaction ID: SB21B-1868
Date of Disbursement

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

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

City RICHMOND State VA Zip Code 23261-7025

Amount of Each Disbursement this Period

24.31

Purpose of Disbursement

Bank Charges

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

89.76

TOTAL This Period (last page this line number only)

797424.94
