

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

DC DEMOCRATIC STATE COMMITTEE

ADDRESS (number and street) 3539 T Street, NW

Check if different than previously reported. (ACC) Washington DC 20007

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00295964

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 01 01 2008 through 12 31 2008

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 Daniel Wedderburn

Signature of Treasurer Electronically Filed by Daniel Wedderburn Date 03 18 2010

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
DC DEMOCRATIC STATE COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		17375.04
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	17375.04									
(c) Total Receipts (from Line 19)	26064.41	26064.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43439.45	43439.45								
7. Total Disbursements (from Line 31)	23520.00	23520.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19919.45	19919.45								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
DC DEMOCRATIC STATE COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	23564.41	23564.41
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)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2500.00	2500.00
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))	26064.41	26064.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26064.41	26064.41

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.....	23400.00	23400.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	23400.00	23400.00
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)	120.00	120.00
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))..	23520.00	23520.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23520.00	23520.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 21

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)).....	23400.00	23400.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23400.00	23400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
DC DEMOCRATIC STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) ASDC PARTNERSHIP PROGRAM		Date of Receipt
	Mailing Address 430 South Capitol Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 18 / 2008
	City	State	Zip Code
	Washington	DC	20003
	FEC ID number of contributing federal political committee. C C00402404		Transaction ID: SA12.4104
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 57.19

B.	Full Name (Last, First, Middle Initial) ASDC PARTNERSHIP PROGRAM		Date of Receipt
	Mailing Address 430 South Capitol Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 05 / 2008
	City	State	Zip Code
	Washington	DC	20003
	FEC ID number of contributing federal political committee. C C00402404		Transaction ID: SA12.4112
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 89.98

C.	Full Name (Last, First, Middle Initial) ASDC PARTNERSHIP PROGRAM		Date of Receipt
	Mailing Address 430 South Capitol Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 17 / 2008
	City	State	Zip Code
	Washington	DC	20003
	FEC ID number of contributing federal political committee. C C00402404		Transaction ID: SA12.4115
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 164.41

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 164.41
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 21
(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)
DC DEMOCRATIC STATE COMMITTEE

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE
 Mailing Address 430 S. CAPITOL STREET S.E.
 City State Zip Code
 WASHINGTON DC 20003
 FEC ID number of contributing federal political committee. **C** C00010603
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00
 Date of Receipt: M M / D D / Y Y Y Y Y
 0 1 / 0 5 / 2 0 0 8
Transaction ID: SA12.4123
 Amount of Each Receipt this Period 1950.00
 In-kind - Online Voter file Access

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE
 Mailing Address 430 S. CAPITOL STREET S.E.
 City State Zip Code
 WASHINGTON DC 20003
 FEC ID number of contributing federal political committee. **C** C00010603
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3900.00
 Date of Receipt: M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 0 8
Transaction ID: SA12.4120
 Amount of Each Receipt this Period 1950.00
 In-kind - Online Voter File Access

C. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE
 Mailing Address 430 S. CAPITOL STREET S.E.
 City State Zip Code
 WASHINGTON DC 20003
 FEC ID number of contributing federal political committee. **C** C00010603
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7800.00
 Date of Receipt: M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 8
Transaction ID: SA12.4125
 Amount of Each Receipt this Period 3900.00
 In-kind - Online Voter File Access (Mar and Apr)

SUBTOTAL of Receipts This Page (optional) ► 7800.00
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 8 / 21
(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)
DC DEMOCRATIC STATE COMMITTEE

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 9750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 7 / 2 0 0 8

Transaction ID: SA12.4127

Amount of Each Receipt this Period
1950.00

In-kind - Online Voter File Access

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 11700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 8

Transaction ID: SA12.4129

Amount of Each Receipt this Period
1950.00

In-kind - Online Voter File Access

C. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 13650.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 8

Transaction ID: SA12.4131

Amount of Each Receipt this Period
1950.00

In-kind - Online Voter File Access

SUBTOTAL of Receipts This Page (optional) ► **5850.00**

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 9 / 21
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
DC DEMOCRATIC STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15600.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2008

Transaction ID: SA12.4133

Amount of Each Receipt this Period
1950.00

In-kind - Online Voter File Access

B.

Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17550.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2008

Transaction ID: SA12.4135

Amount of Each Receipt this Period
1950.00

In-kind - Online Voter File Access

C.

Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
19500.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2008

Transaction ID: SA12.4137

Amount of Each Receipt this Period
1950.00

In-kind - Online Voter File Access

SUBTOTAL of Receipts This Page (optional) ► **5850.00**

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: (check only one)	PAGE 10 / 21
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
DC DEMOCRATIC STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE		Date of Receipt MM / DD / YYYY 11 / 07 / 2008
Mailing Address 430 S. CAPITOL STREET S.E.		Transaction ID: SA12.4139
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.	C C00010603	Amount of Each Receipt this Period 1950.00
Name of Employer	Occupation	In-kind - Online Voter File Access
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 21450.00	

B.

Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE		Date of Receipt MM / DD / YYYY 12 / 13 / 2008
Mailing Address 430 S. CAPITOL STREET S.E.		Transaction ID: SA12.4141
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.	C C00010603	Amount of Each Receipt this Period 1950.00
Name of Employer	Occupation	In-kind - Online Voter File Access
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 23400.00	

SUBTOTAL of Receipts This Page (optional)	▶	3900.00
TOTAL This Period (last page this line number only)	▶	23564.41

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 21	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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)
DC DEMOCRATIC STATE COMMITTEE

A. Full Name (Last, First, Middle Initial)
KUCINICH FOR PRESIDENT 2008

Mailing Address 550 East Walnut Street

City	State	Zip Code
Columbus	OH	43215

FEC ID number of contributing federal political committee. **C** C00430975

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: SA17.4099

Amount of Each Receipt this Period
2500.00

BALLOT ACCESS

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)
DC DEMOCRATIC STATE COMMITTEE

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
In-kind - Online Voter file Access

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4124

Date of Disbursement

01 / 05 / 2008

Amount of Each Disbursement this Period

1950.00

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
In-kind - Online Voter File Access

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4122

Date of Disbursement

02 / 26 / 2008

Amount of Each Disbursement this Period

1950.00

C. Full Name (Last, First, Middle Initial)
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
In-kind - Online Voter File Access (Mar and Apr)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4126

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

3900.00

SUBTOTAL of Disbursements This Page (optional) ▶

7800.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 13 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)
DC DEMOCRATIC STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE <hr/> Mailing Address 430 S. CAPITOL STREET S.E. <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement In-kind - Online Voter File Access 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.4128 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 8	Amount of Each Disbursement this Period 1950.00
B.	Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE <hr/> Mailing Address 430 S. CAPITOL STREET S.E. <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement In-kind - Online Voter File Access 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.4130 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8	Amount of Each Disbursement this Period 1950.00
C.	Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE <hr/> Mailing Address 430 S. CAPITOL STREET S.E. <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement In-kind - Online Voter File Access 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.4132 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 8	Amount of Each Disbursement this Period 1950.00

SUBTOTAL of Disbursements This Page (optional)	5850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 14 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)
DC DEMOCRATIC STATE COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE</p> <p>Mailing Address 430 S. CAPITOL STREET S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement In-kind - Online Voter File Access</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.4134 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1950.00</p>
<p>B. Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE</p> <p>Mailing Address 430 S. CAPITOL STREET S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement In-kind - Online Voter File Access</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.4136 Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1950.00</p>
<p>C. Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE</p> <p>Mailing Address 430 S. CAPITOL STREET S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement In-kind - Online Voter File Access</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.4138 Date of Disbursement 10 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1950.00</p>

SUBTOTAL of Disbursements This Page (optional)	5850.00
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 15 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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)
DC DEMOCRATIC STATE COMMITTEE

A. Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE Mailing Address 430 S. CAPITOL STREET S.E. City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement In-kind - Online Voter File Access 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.4140 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1950.00
B. Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE Mailing Address 430 S. CAPITOL STREET S.E. City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement In-kind - Online Voter File Access 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.4142 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1950.00

SUBTOTAL of Disbursements This Page (optional) ►

3900.00

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

23400.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE	FEC IDENTIFICATION NUMBER C C00295964
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Mailing Address
1301 Ninth St. NW

City	State	Zip Code
Washington	DC	20001

Purpose of Expenditure BANK FEE	Category/ Type
	<input type="text"/>

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	10.00
---	-------

Date

M	M
0	1

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	0	8

Amount

10.00

Transaction ID: SE.4101

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Mailing Address
1301 Ninth St. NW

City	State	Zip Code
Washington	DC	20001

Purpose of Expenditure BANK FEE	Category/ Type
	<input type="text"/>

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	20.00
---	-------

Date

M	M
0	2

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	8

Amount

10.00

Transaction ID: SE.4103

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Wedderburn
Signature

Date

M	M
0	3

 /

D	D
1	8

 /

Y	Y	Y	Y
2	0	1	0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00295964
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	8

Mailing Address
1301 Ninth St. NW

Amount

10.00

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Transaction ID: SE.4106

Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure BANK FEE	Category/ Type
------------------------------------	-------------------

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought	30.00
---	-------

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Mailing Address
1301 Ninth St. NW

Amount

10.00

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Transaction ID: SE.4107

Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure BANK FEE	Category/ Type
------------------------------------	-------------------

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For: Primary General
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought	40.00
---	-------

(a) SUBTOTAL of Itemized Independent Expenditures	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Wedderburn
Signature

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00295964
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Date
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 8

Mailing Address
1301 Ninth St. NW

Amount
10.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.4108
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
BANK FEE

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 50.00

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Date
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Mailing Address
1301 Ninth St. NW

Amount
10.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.4109
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
BANK FEE

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 60.00

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Wedderburn
Signature

Date M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE	FEC IDENTIFICATION NUMBER C C00295964
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Date
M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Mailing Address
1301 Ninth St. NW

Amount
10.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.4110
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
BANK FEE

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 70.00

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Date
M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Mailing Address
1301 Ninth St. NW

Amount
10.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.4111
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
BANK FEE

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 80.00

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Wedderburn
Signature

Date M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00295964
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Mailing Address
1301 Ninth St. NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Expenditure BANK FEE	Category/ Type <input style="width:50px;" type="text"/>
------------------------------------	--

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	90.00
---	-------

Date

M M 0 9	D D 3 0	Y Y Y Y 2 0 0 8
------------	------------	--------------------

Amount

10.00

Transaction ID: SE.4113

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Mailing Address
1301 Ninth St. NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Expenditure BANK FEE	Category/ Type <input style="width:50px;" type="text"/>
------------------------------------	--

Name of Federal Candidate supported or Opposed by expenditure:

Calendar Year-To-Date Per Election for Office Sought	100.00
---	--------

Date

M M 1 0	D D 3 1	Y Y Y Y 2 0 0 8
------------	------------	--------------------

Amount

10.00

Transaction ID: SE.4114

Office Sought: House State: _____
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<input style="width:100%;" type="text"/>
(c) TOTAL Independent Expenditures	<input style="width:100%;" type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Wedderburn
Signature

Date

M M 0 3	D D 1 8	Y Y Y Y 2 0 1 0
------------	------------	--------------------

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE	FEC IDENTIFICATION NUMBER C C00295964
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Date
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 8

Mailing Address
1301 Ninth St. NW

Amount
10.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.4116
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
BANK FEE

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 110.00

Disbursement For: Primary General
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
INDEPENDENCE FEDERAL SAVINGS BANK

Date
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Mailing Address
1301 Ninth St. NW

Amount
10.00

City State Zip Code
Washington DC 20001

Transaction ID: SE.4117
Office Sought: House State: _____
 Senate District: _____
 Presidential

Purpose of Expenditure
BANK FEE

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 120.00

Disbursement For: Primary General
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	120.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Daniel Wedderburn
Signature

Date M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0