

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Committee for a Democratic Future

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		5549.10
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	9268.99									
(c) Total Receipts (from Line 19)	49500.00	78500.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58768.99	84049.10								
7. Total Disbursements (from Line 31)	53468.01	78748.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5300.98	5300.98								
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
Committee for a Democratic Future

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	17250.00	39250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17250.00	39250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	32250.00	39250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	49500.00	78500.00
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)	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.)	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))	49500.00	78500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49500.00	78500.00

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.....	52468.01	77748.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	52468.01	77748.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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))..	53468.01	78748.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53468.01	78748.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

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)	49500.00	78500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49500.00	78500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52468.01	77748.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	52468.01	77748.12

**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 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Ms Annie Burns	Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 3340 Runnymede Place, NW	Transaction ID: SA11AI.7960
	City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GMMB consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Steven Champlin	Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 4800 Dexter Street, NW	Transaction ID: SA11AI.7961
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Duberstein Group, Inc. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Sean D'Arcy	Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 5700 Roosevelt Street	Transaction ID: SA11AI.7969
	City State Zip Code Bethesda MD 20817-3544	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Akin, Gump, Hauer & Feld Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	6250.00
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 7 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A. Full Name (Last, First, Middle Initial)
Mr. Victor Fazio

Mailing Address 2224 N Kentucky Street

City State Zip Code
Arlington VA 22205

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

Name of Employer Occupation
Clark & Weinstock consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.7889

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Page Gardner

Mailing Address 1325 Darnell Drive

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Self-employed Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.7890

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Gordon MacDougall

Mailing Address 4797 Yorktown Blvd

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Beacon Consulting Group, Inc. President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.7895

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

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 / 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A. Full Name (Last, First, Middle Initial)
Mr. Christopher R O'Neill

Mailing Address 1310 19th Street, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
O'Neill, Athy & Casey Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11AI.7888

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard Tarplin

Mailing Address 2103 Powhatan Street

City State Zip Code
Falls Church VA 22043

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Tarplin Strategies LLC Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
12 / 31 / 2009

Transaction ID: SA11AI.7992

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Richard Treibick

Mailing Address P.O. Box 31028

City State Zip Code
Greenwich CT 06831

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cable Holding, Inc President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: SA11AI.7864

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	17250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31
(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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A. Full Name (Last, First, Middle Initial)
AGSH&F Civic Action Committee

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: MM / DD / YYYY
11 / 06 / 2009

Transaction ID: SA11C.7963

Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6th Street, NW Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
09 / 01 / 2009

Transaction ID: SA11C.7892

Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
American Federaton of Teachers COPE

Mailing Address 555 New Jersey Ave NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
12 / 15 / 2009

Transaction ID: SA11C.7988

Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► **8250.00**

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 10 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

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	9	/	2	9	/	2	0	0	9

Transaction ID: SA11C.7944

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)

Mailing Address P O BOX 909700

City State Zip Code
KANSAS CITY MO 64190

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	9

Transaction ID: SA11C.7893

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
DELTA DENTAL PLANS ASSOCIATION PAC

Mailing Address 1515 W. 22ND STREET, SUITE 450

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing federal political committee. **C** C00213819

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
1	1	/	2	0	/	2	0	0	9

Transaction ID: SA11C.7967

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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 11 / 31
(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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION

Date of Receipt: M M / D D / Y Y Y Y Y
09 / 29 / 2009

Mailing Address 1750 NEW YORK AVE NW
Transaction ID: SA11C.7894

City State Zip Code
WASHINGTON DC 20006
Amount of Each Receipt this Period
2500.00

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
2500.00

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Date of Receipt: M M / D D / Y Y Y Y Y
08 / 31 / 2009

Mailing Address 753 State Ave.
Suite 565
Transaction ID: SA11C.7877

City State Zip Code
Kansas City KS 66101
Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
1000.00

C. Full Name (Last, First, Middle Initial)
Machinists Non-Partisan Political League

Date of Receipt: M M / D D / Y Y Y Y Y
11 / 20 / 2009

Mailing Address 9000 Machinist Place
Transaction ID: SA11C.7964

City State Zip Code
Upper Marlboro MD 20772
Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
5000.00

SUBTOTAL of Receipts This Page (optional) ► 8500.00

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 12 / 31
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A. Full Name (Last, First, Middle Initial)
P.E.O.P.L.E./AFSCME

Mailing Address 1625 L Street NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

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
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11C.7921

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
STINSON MORRISON HECKER POLITICAL ACTION COMMITTEE PAC

Mailing Address 1201 Walnut Street, Suite 2900

City State Zip Code
Kansas City MO 64106

FEC ID number of contributing federal political committee. **C** C00459065

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11C.7990

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
The Orthopaedic PAC

Mailing Address 317 Massachusetts Ave

City State Zip Code
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00343137

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
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11C.7945

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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 / 31
(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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.

Full Name (Last, First, Middle Initial)
UNITED FOOD & COMMERCIAL WORKERS, ACTIVE BALLOT CLUB

Mailing Address 1775 K STREET, N.W.

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee. **C** C00002766

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	8		2	6		2	0	0	9

Transaction ID: SA11C.7874

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	32250.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Federal Withholding Tax</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.7855</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="148.70"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Federal Unemployment Tax</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.7857</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.14"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Federal Unemployment Tax</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.7869</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="137.22"/></p>

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)

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<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)
Committee for a Democratic Future

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Federal Withholding Tax</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.7884</p> <p>Date of Disbursement 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 114.86</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Federal Withholding Tax</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.7910</p> <p>Date of Disbursement 10 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 173.70</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Federal Withholding Tax</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.7953</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 103.40</p>

SUBTOTAL of Disbursements This Page (optional) ▶

391.96

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)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.7981 Date of Disbursement																			
	Mailing Address 209 Church Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
	City New Haven State CT Zip Code 06510	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Federal Withholding Tax	<table border="1"><tr><td>129.56</td></tr></table>	129.56																		
129.56																					
	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Commissioner of Revenue Services	Transaction ID: SB21B.7954 Date of Disbursement																			
	Mailing Address PO Box 2931	<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>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	0	9												
	City Hartford State CT Zip Code 06104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Ct Withholding Tax	<table border="1"><tr><td>5.00</td></tr></table>	5.00																		
5.00																					
	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Commissioner of Revenue Services	Transaction ID: SB21B.7982 Date of Disbursement																			
	Mailing Address PO Box 2931	<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>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
	City Hartford State CT Zip Code 06104	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CT State Withholding Tax	<table border="1"><tr><td>40.00</td></tr></table>	40.00																		
40.00																					
	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>174.56</td></tr></table>	174.56
174.56		
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)

PAGE 17 / 31

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Federal City Caterers Mailing Address 1119 12th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Catering 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.7850 Date of Disbursement 07 / 15 / 2009	Amount of Each Disbursement this Period 1978.67
B.	Full Name (Last, First, Middle Initial) Federal City Caterers Mailing Address 1119 12th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Catering 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.7861 Date of Disbursement 07 / 17 / 2009	Amount of Each Disbursement this Period 3110.32
C.	Full Name (Last, First, Middle Initial) Federal City Caterers Mailing Address 1119 12th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Catering 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.7862 Date of Disbursement 07 / 30 / 2009	Amount of Each Disbursement this Period 4207.84

SUBTOTAL of Disbursements This Page (optional) ▶

9296.83

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)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Federal City Caterers Mailing Address 1119 12th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Catering 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.7872 Date of Disbursement 08 / 31 / 2009 Amount of Each Disbursement this Period 3175.51
B.	Full Name (Last, First, Middle Initial) Federal City Caterers Mailing Address 1119 12th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Catering 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.7880 Date of Disbursement 09 / 11 / 2009 Amount of Each Disbursement this Period 6278.62
C.	Full Name (Last, First, Middle Initial) Federal City Caterers Mailing Address 1119 12th Street NW City Washington State DC Zip Code 20005 Purpose of Disbursement Catering 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.7905 Date of Disbursement 09 / 30 / 2009 Amount of Each Disbursement this Period 1936.32

SUBTOTAL of Disbursements This Page (optional) ▶

11390.45

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)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Federal City Caterers	Transaction ID: SB21B.7918 Date of Disbursement																			
	Mailing Address 1119 12th Street NW	<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>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	1	/	2	0	0	9												
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Catering	<table border="1"><tr><td>3927.24</td></tr></table>	3927.24																		
3927.24																					
	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) Federal City Caterers	Transaction ID: SB21B.7950 Date of Disbursement																			
	Mailing Address 1119 12th Street NW	<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>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	0	/	2	0	0	9												
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Catering	<table border="1"><tr><td>10712.23</td></tr></table>	10712.23																		
10712.23																					
	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) Federal City Caterers	Transaction ID: SB21B.7973 Date of Disbursement																			
	Mailing Address 1119 12th Street NW	<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>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	7	/	2	0	0	9												
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Caterers	<table border="1"><tr><td>1964.85</td></tr></table>	1964.85																		
1964.85																					
	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)	<table border="1"><tr><td>16604.32</td></tr></table>	16604.32
16604.32		
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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Federal City Caterers	Transaction ID: SB21B.7979 Date of Disbursement
	Mailing Address 1119 12th Street NW	<input type="text" value="12"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Caterers	<input type="text" value="2517.64"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Federal City Caterers	Transaction ID: SB21B.7986 Date of Disbursement
	Mailing Address 1119 12th Street NW	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Caterers	<input type="text" value="1933.89"/>
	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) Fraiola & Associates	Transaction ID: SB21B.7851 Date of Disbursement
	Mailing Address 80 F Street Suite 804	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Fee	<input type="text" value="500.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4951.53"/>
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)

PAGE 21 / 31

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Fraiori & Associates	Transaction ID: SB21B.7871 Date of Disbursement 08 / 31 / 2009
	Mailing Address 80 F Street Suite 804	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraising Fee 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) Fraiori & Associates	Transaction ID: SB21B.7879 Date of Disbursement 09 / 11 / 2009
	Mailing Address 80 F Street Suite 804	Amount of Each Disbursement this Period 522.38
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraising Fee and Expenses 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) Fraiori & Associates	Transaction ID: SB21B.7919 Date of Disbursement 10 / 21 / 2009
	Mailing Address 80 F Street Suite 804	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraising Fee 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)	1522.38
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Fraiori & Associates	Transaction ID: SB21B.7948 Date of Disbursement 11 / 10 / 2009
	Mailing Address 80 F Street Suite 804	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraising Fee 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) Fraiori & Associates	Transaction ID: SB21B.7974 Date of Disbursement 12 / 07 / 2009
	Mailing Address 80 F Street Suite 804	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Fundraising Fee 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) Marla's Magic	Transaction ID: SB21B.7949 Date of Disbursement 11 / 10 / 2009
	Mailing Address 1004 Highland Drive	Amount of Each Disbursement this Period 300.00
	City Silver Spring State MD Zip Code 20910	
	Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1300.00

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)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Schneider's of Capitol Hill Mailing Address 300 Massachusetts Ave, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Wine 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.7852 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 261.34
B.	Full Name (Last, First, Middle Initial) Schneider's of Capitol Hill Mailing Address 300 Massachusetts Ave, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Wine 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.7906 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 444.33
C.	Full Name (Last, First, Middle Initial) Schneider's of Capitol Hill Mailing Address 300 Massachusetts Ave, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Wine 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.7978 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 9	Amount of Each Disbursement this Period 313.66

SUBTOTAL of Disbursements This Page (optional)	1019.33
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)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Schneider's of Capitol Hill <hr/> Mailing Address 300 Massachusetts Ave, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Wine 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.7987 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9	
		Amount of Each Disbursement this Period 313.66	
B.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Rent 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.7849 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 9	
		Amount of Each Disbursement this Period 62.50	
C.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Rent 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.7866 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 9	
		Amount of Each Disbursement this Period 62.50	

SUBTOTAL of Disbursements This Page (optional)	▶	438.66
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)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Rent 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.7878 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 62.50
B.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Rent 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.7907 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 62.50
C.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Rent 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.7947 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 62.50

SUBTOTAL of Disbursements This Page (optional)	187.50
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)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corporation	Transaction ID: SB21B.7970 Date of Disbursement																			
	Mailing Address 12 Trumbull Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	9												
	City State Zip Code New Haven CT 06511	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent	<table border="1"><tr><td>62.50</td></tr></table>	62.50																		
62.50																					
	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) ▼																			

B.	Full Name (Last, First, Middle Initial) Mrs. Cathy S Weber	Transaction ID: SB21B.7853 Date of Disbursement																			
	Mailing Address 50 Daisy Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	6		2	0	0	9												
	City State Zip Code New Haven CT 06511	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll	<table border="1"><tr><td>132.78</td></tr></table>	132.78																		
132.78																					
	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) Mrs. Cathy S Weber	Transaction ID: SB21B.7867 Date of Disbursement																			
	Mailing Address 50 Daisy Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	0	9												
	City State Zip Code New Haven CT 06511	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll	<table border="1"><tr><td>63.52</td></tr></table>	63.52																		
63.52																					
	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) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>258.80</td></tr></table>	258.80
258.80		
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)

PAGE 27 / 31

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Mrs. Cathy S Weber	Transaction ID: SB21B.7882 Date of Disbursement 09 / 16 / 2009
	Mailing Address 50 Daisy Street	Amount of Each Disbursement this Period 154.70
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement Payroll 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) Mrs. Cathy S Weber	Transaction ID: SB21B.7909 Date of Disbursement 10 / 16 / 2009
	Mailing Address 50 Daisy Street	Amount of Each Disbursement this Period 107.78
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement Payroll 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) Mrs. Cathy S Weber	Transaction ID: SB21B.7952 Date of Disbursement 11 / 16 / 2009
	Mailing Address 50 Daisy Street	Amount of Each Disbursement this Period 90.43
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement Payroll 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) ▶

352.91

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)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Mrs. Cathy S Weber	Transaction ID: SB21B.7980 Date of Disbursement 12 / 21 / 2009
	Mailing Address 50 Daisy Street	Amount of Each Disbursement this Period 2.35
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement Payroll	
	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) Ms Jasmine Zamani	Transaction ID: SB21B.7854 Date of Disbursement 07 / 16 / 2009
	Mailing Address 1300 N Street NW #607	Amount of Each Disbursement this Period 387.87
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Payroll	
	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) Ms Jasmine Zamani	Transaction ID: SB21B.7868 Date of Disbursement 08 / 16 / 2009
	Mailing Address 1300 N Street NW #607	Amount of Each Disbursement this Period 387.87
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Payroll	
	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)	778.09
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 29 / 31

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) Ms Jasmine Zamani	Transaction ID: SB21B.7881 Date of Disbursement 09 / 15 / 2009
	Mailing Address 1300 N Street NW #607	Amount of Each Disbursement this Period 617.68
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Reimbursed for Food for event	
	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) Ms Jasmine Zamani	Transaction ID: SB21B.7883 Date of Disbursement 09 / 16 / 2009
	Mailing Address 1300 N Street NW #607	Amount of Each Disbursement this Period 387.87
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Payroll	
	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) Ms Jasmine Zamani	Transaction ID: SB21B.7908 Date of Disbursement 10 / 16 / 2009
	Mailing Address 1300 N Street NW #607	Amount of Each Disbursement this Period 387.87
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Payroll	
	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)	▶	1393.42
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 30 / 31

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ms Jasmine Zamani</p> <p>Mailing Address 1300 N Street NW #607</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement reimbursed for catering</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.7925</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="594.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms Jasmine Zamani</p> <p>Mailing Address 1300 N Street NW #607</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Payroll</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.7951</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="387.87"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ms Jasmine Zamani</p> <p>Mailing Address 1300 N Street NW #607</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Payroll</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.7977</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="387.87"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1369.74"/>
TOTAL This Period (last page this line number only)	<input type="text" value="51732.54"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee for a Democratic Future

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY			Transaction ID: SB23.7984	
	Mailing Address P.O. Box 127			Date of Disbursement 12 / 31 / 2009	
	City Cheshire	State CT	Zip Code 06410	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution		Category/ Type		
	Candidate Name				
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention			
	State: CT	District: 05			

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00