



A. Form/Schedule : **F3XN**

Transaction ID :

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Association of State Democratic Chairs

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
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| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 28771.59 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 43444.28                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 1457.44                 | 88304.46                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 44901.72                | 117076.05                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 14989.38                | 87163.71                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 29912.34                | 29912.34                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Association of State Democratic Chairs

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 0.00                          | 0.00                              |
| (ii) Unitemized .....  | 100.00                        | 200.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 100.00                        | 200.00                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 100.00                        | 200.00                            |
| 12. Transfers From Affiliated/Other Party Committees .....   | 1357.44                       | 87441.21                          |
| 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                          | 663.25                            |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 1457.44                       | 88304.46                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 1457.44                       | 88304.46                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 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.....  | 14989.38                              | 87163.71                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 14989.38                              | 87163.71                                  |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                                  | 0.00                                      |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 14989.38                              | 87163.71                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 14989.38                              | 87163.71                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 100.00                        | 200.00                            |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 100.00                        | 200.00                            |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 14989.38                      | 87163.71                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 663.25                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 14989.38                      | 86500.46                          |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |  |                             |
|---|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 7 / 32                            |                             |
|   | (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"/> 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)  
Association of State Democratic Chairs

**A.** Full Name (Last, First, Middle Initial)  
ASDC Partnership Program

Mailing Address 430 South Capitol Street

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1357.44

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: 12-01-02308-04503

Amount of Each Receipt this Period  
1357.44

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1357.44 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 1357.44 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Jennie Blackton</p> <p>Mailing Address 2547 North Buena Vista</p> <p>City Burbank State CA Zip Code 91504</p> <p>Purpose of Disbursement<br/>Political Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> 21b-01-02293-04460</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Perkins Coie LLP</p> <p>Mailing Address 1201 Third Avenue, 40th Floor</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement<br/>Legal Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 21b-01-02294-04461</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period<br/>3300.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Nexus Strategies, Inc</p> <p>Mailing Address 434 Fayetteville Street<br/>Suite 2020</p> <p>City Raleigh State NC Zip Code 27601</p> <p>Purpose of Disbursement<br/>Consulting Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 21b-01-02295-04462</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2252.91</p> |

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

6552.91

**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)

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

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

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Sprint PCS<br>Mailing Address PO Box 62071<br>City Baltimore State MD Zip Code 21264-2071<br>Purpose of Disbursement Telephone<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                             | Transaction ID: 21b-01-02297-04464<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 4 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>109.99<br>Category/Type                                       |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>American Express<br>Mailing Address PO Box 114<br>City Newark State NJ Zip Code 07101-0114<br>Purpose of Disbursement Credit Card Payment - See Memo Items<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 21b-01-02298-0000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 5 / 2 0 1 0  |
|  | Amount of Each Disbursement this Period<br>3473.48<br>Category/Type                                      |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>JetBlue Airways<br>Mailing Address 118-92 Queens Blvd<br>City Forest Hills State NY Zip Code 11375<br>Purpose of Disbursement Transportation<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼               | Transaction ID: 21b-01-02298-04490<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 5 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>40.00<br>Category/Type<br><b>[MEMO ITEM]</b>                  |

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

3583.47

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: 21b-01-02298-04481<br>Date of Disbursement  |
|    | Mailing Address PO Box 114   | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
|    | City Newark State NJ Zip Code 07101-0114   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Travel Insurance   | <input type="text" value="14.99"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |
|    |  | [MEMO ITEM]   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: 21b-01-02298-04482<br>Date of Disbursement  |
|    | Mailing Address PO Box 114   | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
|    | City Newark State NJ Zip Code 07101-0114   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Travel Insurance   | <input type="text" value="14.99"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |
|    |  | [MEMO ITEM]   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: 21b-01-02298-04483<br>Date of Disbursement  |
|    | Mailing Address PO Box 114   | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
|    | City Newark State NJ Zip Code 07101-0114   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Travel Insurance   | <input type="text" value="14.99"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |
|    |  | [MEMO ITEM]   |

|  |                                   |
|--|-----------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="0.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>              |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>American Express</p> <p>Mailing Address PO Box 114</p> <p>City Newark State NJ Zip Code 07101-0114</p> <p>Purpose of Disbursement Travel Insurance</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><b>Transaction ID:</b> 21b-01-02298-04484</p> <p>Date of Disbursement</p> <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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">14.99</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 5 |  | 2 | 0 | 1 | 0 | 14.99  |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 5  |   | 0 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 14.99  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>James P. Walsh Sedan Services</p> <p>Mailing Address 1155 Connecticut Avenue, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Transportation</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><b>Transaction ID:</b> 21b-01-02298-04485</p> <p>Date of Disbursement</p> <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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">95.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 5 |  | 2 | 0 | 1 | 0 | 95.00  |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 5  |   | 0 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 95.00  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Hilton Hotels</p> <p>Mailing Address 5001 Spring Valley Road, # 400W,</p> <p>City Dallas State TX Zip Code 75244</p> <p>Purpose of Disbursement Lodging</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><b>Transaction ID:</b> 21b-01-02298-04486</p> <p>Date of Disbursement</p> <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>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">197.27</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 0 | 5 |  | 2 | 0 | 1 | 0 | 197.27 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 5  |   | 0 | 5 |   | 2 | 0 | 1 | 0 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 197.27   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

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

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| 0.00 |
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Matchbox Capitol Hill<br><hr/> Mailing Address 521 8th Street, SE<br><hr/> City Washington State DC Zip Code 20001<br><hr/> Purpose of Disbursement Meals<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: 21b-01-02298-04487<br>Date of Disbursement<br>MM / DD / YYYY<br>05 / 05 / 2010<br><hr/> Amount of Each Disbursement this Period<br>95.05<br><hr/> <b>[MEMO ITEM]</b>  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Midwest Airlines<br><hr/> Mailing Address 6744 South Howell Avenue<br><hr/> City Oak Creek State WI Zip Code 53154<br><hr/> Purpose of Disbursement Transportation<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 21b-01-02298-04489<br>Date of Disbursement<br>MM / DD / YYYY<br>05 / 05 / 2010<br><hr/> Amount of Each Disbursement this Period<br>25.00<br><hr/> <b>[MEMO ITEM]</b>  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Alaska Airlines<br><hr/> Mailing Address 19300 International Blvd.<br><hr/> City Seattle State WA Zip Code 98188<br><hr/> Purpose of Disbursement Transportation<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 21b-01-02298-04478<br>Date of Disbursement<br>MM / DD / YYYY<br>05 / 05 / 2010<br><hr/> Amount of Each Disbursement this Period<br>431.61<br><hr/> <b>[MEMO ITEM]</b> |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 0.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Union Taxi Co-Op  | Transaction ID: 21b-01-02298-04491<br>Date of Disbursement<br>05 / 05 / 2010 |
|    | Mailing Address 2840 S. Vallejo Street   | Amount of Each Disbursement this Period<br>56.00                             |
|    | City Englewood State CO Zip Code 80110   |  |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Grayline Nashville  | Transaction ID: 21b-01-02298-04492<br>Date of Disbursement<br>05 / 05 / 2010 |
|    | Mailing Address 2416 Music Valley Drive, Suite 102   | Amount of Each Disbursement this Period<br>48.00                             |
|    | City Nashville State TN Zip Code 37214   |  |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Eddie George Sports Grille  | Transaction ID: 21b-01-02298-04493<br>Date of Disbursement<br>05 / 05 / 2010 |
|    | Mailing Address 121 4th Avenue, S  | Amount of Each Disbursement this Period<br>82.70                             |
|    | City Nashville State TN Zip Code 37201   |  |
|    | Purpose of Disbursement Meals  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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 / 32

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

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

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Midwest Airlines</p> <p>Mailing Address 6744 South Howell Avenue</p> <p>City Oak Creek State WI Zip Code 53154</p> <p>Purpose of Disbursement Transportation</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><b>Transaction ID:</b> 21b-01-02298-04488</p> <p>Date of Disbursement<br/>05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period<br/>216.70</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Dell</p> <p>Mailing Address 1 Dell Way</p> <p>City Round Rock State TX Zip Code 78682</p> <p>Purpose of Disbursement Computer</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><b>Transaction ID:</b> 21b-01-02298-04471</p> <p>Date of Disbursement<br/>05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period<br/>664.63</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>JetBlue Airways</p> <p>Mailing Address 118-92 Queens Blvd</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Credit</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><b>Transaction ID:</b> 21b-01-02298-04465</p> <p>Date of Disbursement<br/>05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period<br/>-40.00</p> <p><b>[MEMO ITEM]</b></p> |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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 / 32

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

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

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>JetBlue Airways   | Transaction ID: 21b-01-02298-04466                |
|    | Mailing Address 118-92 Queens Blvd   | Date of Disbursement<br>05 / 05 / 2010            |
|    | City Forest Hills State NY Zip Code 11375  | Amount of Each Disbursement this Period<br>-40.00 |
|    | Purpose of Disbursement Credit   | [MEMO ITEM]                                       |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Norton Software   | Transaction ID: 21b-01-02298-04467               |
|    | Mailing Address 350 Ellis Street   | Date of Disbursement<br>05 / 05 / 2010           |
|    | City Mountain View State CA Zip Code 94043   | Amount of Each Disbursement this Period<br>-6.90 |
|    | Purpose of Disbursement Credit   | [MEMO ITEM]                                      |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Amazon.com  | Transaction ID: 21b-01-02298-04468                |
|    | Mailing Address 1850 Mercer Road   | Date of Disbursement<br>05 / 05 / 2010            |
|    | City Lexington State KY Zip Code 40511   | Amount of Each Disbursement this Period<br>136.92 |
|    | Purpose of Disbursement Camera   | [MEMO ITEM]                                       |
|    | Candidate Name Amazon.com  |   |
|    | 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:   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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 16 / 32

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JetBlue Airways   | Transaction ID: 21b-01-02298-04480<br>Date of Disbursement<br>05 / 05 / 2010 |
|    | Mailing Address 118-92 Queens Blvd   | Amount of Each Disbursement this Period<br>319.40                            |
|    | City Forest Hills State NY Zip Code 11375  |  |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Amazon.com  | Transaction ID: 21b-01-02298-04470<br>Date of Disbursement<br>05 / 05 / 2010 |
|    | Mailing Address 1850 Mercer Road   | Amount of Each Disbursement this Period<br>10.01                             |
|    | City Lexington State KY Zip Code 40511   |  |
|    | Purpose of Disbursement Camera   | [MEMO ITEM]  |
|    | Candidate Name Amazon.com  |  |
|    | 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)<br>Norton Software   | Transaction ID: 21b-01-02298-04479<br>Date of Disbursement<br>05 / 05 / 2010 |
|    | Mailing Address 350 Ellis Street   | Amount of Each Disbursement this Period<br>68.98                             |
|    | City Mountain View State CA Zip Code 94043   |  |
|    | Purpose of Disbursement Software   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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)  
Association of State Democratic Chairs

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Southwest Airlines</p> <p>Mailing Address PO Box 36647</p> <p>City Dallas State TX Zip Code 75235-1647</p> <p>Purpose of Disbursement Transportation</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><b>Transaction ID:</b> 21b-01-02298-04472</p> <p>Date of Disbursement</p> <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>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">171.40</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | / | 0 | 5 | / | 2 | 0 | 1 | 0 | 171.40 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0   | 5  | / | 0 | 5 | / | 2 | 0 | 1 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 171.40  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>American Express</p> <p>Mailing Address PO Box 114</p> <p>City Newark State NJ Zip Code 07101-0114</p> <p>Purpose of Disbursement Travel Insurance</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><b>Transaction ID:</b> 21b-01-02298-04473</p> <p>Date of Disbursement</p> <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>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">14.99</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | / | 0 | 5 | / | 2 | 0 | 1 | 0 | 14.99  |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0   | 5  | / | 0 | 5 | / | 2 | 0 | 1 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 14.99   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>JetBlue Airways</p> <p>Mailing Address 118-92 Queens Blvd</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Transportation</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><b>Transaction ID:</b> 21b-01-02298-04474</p> <p>Date of Disbursement</p> <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>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">40.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | / | 0 | 5 | / | 2 | 0 | 1 | 0 | 40.00  |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0   | 5  | / | 0 | 5 | / | 2 | 0 | 1 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 40.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |

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|---|--|------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <table border="1"> <tr> <td style="text-align: center;">0.00</td> </tr> </table> | 0.00 |
| 0.00  |  |      |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <table border="1"> <tr> <td style="text-align: center;"> </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)  
Association of State Democratic Chairs

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JetBlue Airways   | Transaction ID: 21b-01-02298-04475                       |
|    | Mailing Address 118-92 Queens Blvd   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 05 / 2010 |
|    | City Forest Hills State NY Zip Code 11375  | Amount of Each Disbursement this Period<br>40.00         |
|    | Purpose of Disbursement Transportation<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Midwest Airlines  | Transaction ID: 21b-01-02298-04476                       |
|    | Mailing Address 6744 South Howell Avenue   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 05 / 2010 |
|    | City Oak Creek State WI Zip Code 53154   | Amount of Each Disbursement this Period<br>300.80        |
|    | Purpose of Disbursement Transportation<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Alaska Airlines   | Transaction ID: 21b-01-02298-04477                       |
|    | Mailing Address 19300 International Blvd.  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 05 / 2010 |
|    | City Seattle State WA Zip Code 98188   | Amount of Each Disbursement this Period<br>431.61        |
|    | Purpose of Disbursement Transportation<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|  |   |      |
|--|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |      |

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

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

FOR LINE NUMBER: (check only one)

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Amazon.com  | Transaction ID: 21b-01-02298-04469               |
|    | Mailing Address 1850 Mercer Road   | Date of Disbursement<br>05 / 05 / 2010           |
|    | City Lexington State KY Zip Code 40511   | Amount of Each Disbursement this Period<br>14.35 |
|    | Purpose of Disbursement Camera   | [MEMO ITEM]                                      |
|    | Candidate Name Amazon.com  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Sean Doyle  | Transaction ID: 21b-01-02300-04495                 |
|    | Mailing Address 40 Hillcroft Rd  | Date of Disbursement<br>05 / 18 / 2010             |
|    | City Manchester State NH Zip Code 03104  | Amount of Each Disbursement this Period<br>1500.00 |
|    | Purpose of Disbursement Bookkeeping Services   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: 21b-01-02301-0000                  |
|    | Mailing Address PO Box 114   | Date of Disbursement<br>05 / 27 / 2010             |
|    | City Newark State NJ Zip Code 07101-0114   | Amount of Each Disbursement this Period<br>3353.00 |
|    | Purpose of Disbursement  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4853.00</b> |
| <b>TOTAL</b> 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 20 / 32

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: 21b-01-02301-04508<br>Date of Disbursement<br>05 / 27 / 2010   |
|    | Mailing Address PO Box 114   | Amount of Each Disbursement this Period<br>14.99   |
|    | City Newark State NJ Zip Code 07101-0114   |  |
|    | Purpose of Disbursement Travel Insurance<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Norton Software   | Transaction ID: 21b-01-02301-04505<br>Date of Disbursement<br>05 / 27 / 2010   |
|    | Mailing Address 350 Ellis Street   | Amount of Each Disbursement this Period<br>-0.69   |
|    | City Mountain View State CA Zip Code 94043   |  |
|    | Purpose of Disbursement Credit<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Marriott  | Transaction ID: 21b-01-02301-04535<br>Date of Disbursement<br>05 / 27 / 2010   |
|    | Mailing Address One Marriott Drive   | Amount of Each Disbursement this Period<br>297.32  |
|    | City Washington State DC Zip Code 20058  |  |
|    | Purpose of Disbursement Lodging<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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 21 / 32

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Westin Hotel Seattle  | Transaction ID: 21b-01-02301-04527                       |
|    | Mailing Address 1900 5th Avenue  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 27 / 2010 |
|    | City Seattle State WA Zip Code 98101   | Amount of Each Disbursement this Period<br>149.12        |
|    | Purpose of Disbursement Lodging  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>The Bayview Restaurant  | Transaction ID: 21b-01-02301-04528                       |
|    | Mailing Address 903 Halibut Point RD   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 27 / 2010 |
|    | City Sitka State AK Zip Code 99835   | Amount of Each Disbursement this Period<br>88.04         |
|    | Purpose of Disbursement Meals  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Alaska Airlines   | Transaction ID: 21b-01-02301-04529                       |
|    | Mailing Address 19300 International Blvd.  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 27 / 2010 |
|    | City Seattle State WA Zip Code 98188   | Amount of Each Disbursement this Period<br>15.00         |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Alaska Airlines   | Transaction ID: 21b-01-02301-04530               |
|    | Mailing Address 19300 International Blvd.  | Date of Disbursement<br>05 / 27 / 2010           |
|    | City Seattle State WA Zip Code 98188   | Amount of Each Disbursement this Period<br>15.00 |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]                                      |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

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|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Westmark Hotel  | Transaction ID: 21b-01-02301-04531                |
|    | Mailing Address 330 Seward Street  | Date of Disbursement<br>05 / 27 / 2010            |
|    | City Sitka State AK Zip Code 99835   | Amount of Each Disbursement this Period<br>467.04 |
|    | Purpose of Disbursement Lodging  | [MEMO ITEM]                                       |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Southwest Airlines  | Transaction ID: 21b-01-02301-04532                |
|    | Mailing Address PO Box 36647   | Date of Disbursement<br>05 / 27 / 2010            |
|    | City Dallas State TX Zip Code 75235-1647   | Amount of Each Disbursement this Period<br>207.40 |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]                                       |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Norton Software   | Transaction ID: 21b-01-02301-04506               |
|    | Mailing Address 350 Ellis Street   | Date of Disbursement<br>05 / 27 / 2010           |
|    | City Mountain View State CA Zip Code 94043   | Amount of Each Disbursement this Period<br>-0.01 |
|    | Purpose of Disbursement Credit   | [MEMO ITEM]                                      |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: 21b-01-02301-04542               |
|    | Mailing Address PO Box 114   | Date of Disbursement<br>05 / 27 / 2010           |
|    | City Newark State NJ Zip Code 07101-0114   | Amount of Each Disbursement this Period<br>14.99 |
|    | Purpose of Disbursement Travel Insurance   | [MEMO ITEM]                                      |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>McLeod D Florest  | Transaction ID: 21b-01-02301-04524               |
|    | Mailing Address 49 S State St  | Date of Disbursement<br>05 / 27 / 2010           |
|    | City Concord State NJ Zip Code 03301   | Amount of Each Disbursement this Period<br>47.00 |
|    | Purpose of Disbursement Flowers  | [MEMO ITEM]                                      |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Hilton Hotels</p> <p>Mailing Address 5001 Spring Valley Road, # 400W,</p> <p>City Dallas State TX Zip Code 75244</p> <p>Purpose of Disbursement Lodging</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><b>Transaction ID:</b> 21b-01-02301-04536</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="111.08"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Paradie Gift Shop</p> <p>Mailing Address 40 Rome Circle</p> <p>City Kansas City State MO Zip Code 64153</p> <p>Purpose of Disbursement Gifts</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><b>Transaction ID:</b> 21b-01-02301-04537</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.57"/></p> <p><b>[MEMO ITEM]</b></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>United Airlines</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Transportation</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><b>Transaction ID:</b> 21b-01-02301-04538</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b></p>  |

|  |                                   |
|--|-----------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="0.00"/> |
| <b>TOTAL</b> 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)

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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)  
Association of State Democratic Chairs

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Parkway Plaza Hotel   | Transaction ID: 21b-01-02301-04539                       |
|    | Mailing Address 123 West E Street  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 27 / 2010 |
|    | City Casper State WY Zip Code 82501  | Amount of Each Disbursement this Period<br>226.80        |
|    | Purpose of Disbursement Lodging  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Great Lakes Airlines  | Transaction ID: 21b-01-02301-04540                       |
|    | Mailing Address 101 Sinclair Drive   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 27 / 2010 |
|    | City Muskegon State MI Zip Code 49441  | Amount of Each Disbursement this Period<br>25.00         |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Washington Metro Area Transit Authority   | Transaction ID: 21b-01-02301-04541                       |
|    | Mailing Address 600 5th Street, NW   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 27 / 2010 |
|    | City Washington State DC Zip Code 20001  | Amount of Each Disbursement this Period<br>21.00         |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Marriott</p> <p>Mailing Address One Marriott Drive</p> <p>City Washington State DC Zip Code 20058</p> <p>Purpose of Disbursement Lodging</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><b>Transaction ID:</b> 21b-01-02301-04533</p> <p>Date of Disbursement<br/>05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>69.90</p> <p>[MEMO ITEM]</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Norton Software</p> <p>Mailing Address 350 Ellis Street</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Software</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><b>Transaction ID:</b> 21b-01-02301-04517</p> <p>Date of Disbursement<br/>05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>129.98</p> <p>[MEMO ITEM]</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Frontier Airlines</p> <p>Mailing Address 7001 Tower Road</p> <p>City Denver State CO Zip Code 80249-7312</p> <p>Purpose of Disbursement Transportation</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><b>Transaction ID:</b> 21b-01-02301-04509</p> <p>Date of Disbursement<br/>05 / 27 / 2010</p> <p>Amount of Each Disbursement this Period<br/>381.20</p> <p>[MEMO ITEM]</p> |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

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

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

FOR LINE NUMBER: (check only one)

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CheapTickets.com  | Transaction ID: 21b-01-02301-04510<br>Date of Disbursement<br>05 / 27 / 2010 |
|    | Mailing Address 500 W Madison Ave Ste 1000   | Amount of Each Disbursement this Period<br>6.99                              |
|    | City Chicago State IL Zip Code 60661   |  |
|    | Purpose of Disbursement Booking Fee  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Great Lakes Airlines  | Transaction ID: 21b-01-02301-04511<br>Date of Disbursement<br>05 / 27 / 2010 |
|    | Mailing Address 101 Sinclair Drive   | Amount of Each Disbursement this Period<br>167.50                            |
|    | City Muskegon State MI Zip Code 49441  |  |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Talay Thai  | Transaction ID: 21b-01-02301-04512<br>Date of Disbursement<br>05 / 27 / 2010 |
|    | Mailing Address 406 1st St Se  | Amount of Each Disbursement this Period<br>32.38                             |
|    | City Washington State DC Zip Code 20003  |  |
|    | Purpose of Disbursement Meals  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

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|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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 28 / 32

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: 21b-01-02301-04513<br>Date of Disbursement<br>05 / 27 / 2010   |
|    | Mailing Address PO Box 114   |  |
|    | City Newark State NJ Zip Code 07101-0114   | Amount of Each Disbursement this Period<br>14.99   |
|    | Purpose of Disbursement Travel Insurance<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>James P. Walsh Sedan Services   | Transaction ID: 21b-01-02301-04514<br>Date of Disbursement<br>05 / 27 / 2010   |
|    | Mailing Address 1155 Connecticut Avenue, NW  |  |
|    | City Washington State DC Zip Code 20036  | Amount of Each Disbursement this Period<br>95.00   |
|    | Purpose of Disbursement Transportation<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Puget Sound Dispatch  | Transaction ID: 21b-01-02301-04526<br>Date of Disbursement<br>05 / 27 / 2010   |
|    | Mailing Address 74 S Hudson St   |  |
|    | City Seattle State WA Zip Code 98134   | Amount of Each Disbursement this Period<br>50.00   |
|    | Purpose of Disbursement Transportation<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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 / 32

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Capitol Hilton  | Transaction ID: 21b-01-02301-04516<br>Date of Disbursement<br>05 / 27 / 2010   |
|    | Mailing Address 1001 16th Street   | Amount of Each Disbursement this Period<br>170.61  |
|    | City Washington State DC Zip Code 20036  |  |
|    | Purpose of Disbursement Lodging  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Mcleod D Florest  | Transaction ID: 21b-01-02301-04525<br>Date of Disbursement<br>05 / 27 / 2010   |
|    | Mailing Address 49 S State St  | Amount of Each Disbursement this Period<br>57.95   |
|    | City Concord State NJ Zip Code 03301   |  |
|    | Purpose of Disbursement Flowers  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>National Press Club   | Transaction ID: 21b-01-02301-04518<br>Date of Disbursement<br>05 / 27 / 2010   |
|    | Mailing Address 529 14th Street Northwest  | Amount of Each Disbursement this Period<br>28.00   |
|    | City Washington State DC Zip Code 20045  |  |
|    | Purpose of Disbursement Meals  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> 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 / 32

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

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

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Hilton Twigs  | Transaction ID: 21b-01-02301-04519                       |
|    | Mailing Address 1001 16th Street NW  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 27 / 2010 |
|    | City Washington State DC Zip Code 20036  | Amount of Each Disbursement this Period<br>99.73         |
|    | Purpose of Disbursement Meals  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Southwest Airlines  | Transaction ID: 21b-01-02301-04520                       |
|    | Mailing Address PO Box 36647   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 27 / 2010 |
|    | City Dallas State TX Zip Code 75235-1647   | Amount of Each Disbursement this Period<br>225.40        |
|    | Purpose of Disbursement Transportation   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: 21b-01-02301-04521                       |
|    | Mailing Address PO Box 114   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 27 / 2010 |
|    | City Newark State NJ Zip Code 07101-0114   | Amount of Each Disbursement this Period<br>14.99         |
|    | Purpose of Disbursement Travel Insurance   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
STITA

Mailing Address 2809 South 160th Street

City Sea-Tac State WA Zip Code 98168

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 21b-01-02301-04522  
Date of Disbursement: 05 / 27 / 2010

Amount of Each Disbursement this Period: 50.00

Category/Type

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
Alaska Airlines

Mailing Address 19300 International Blvd.

City Seattle State WA Zip Code 98188

Purpose of Disbursement Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 21b-01-02301-04523  
Date of Disbursement: 05 / 27 / 2010

Amount of Each Disbursement this Period: 15.00

Category/Type

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
Norton Software

Mailing Address 350 Ellis Street

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Credit

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 21b-01-02301-04507  
Date of Disbursement: 05 / 27 / 2010

Amount of Each Disbursement this Period: -0.07

Category/Type

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

