

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

ADDRESS (number and street) 430 SOUTH CAPITOL STREET SE
 Check if different than previously reported. (ACC)
WASHINGTON DC 20003

2. **FEC IDENTIFICATION NUMBER** C00460147
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 04 01 2010 through 04 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANDREW TOBIAS

Signature of Treasurer Electronically Filed by ANDREW TOBIAS Date 05 20 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 346040.89 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 544061.53 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 294295.11 | 704845.66 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 838356.64 | 1050886.55 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 198036.57 | 410566.48 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 640320.07 | 640320.07 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 0.00 | 0.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 294295.11 | 704845.66 |
| 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)) | 294295.11 | 704845.66 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 294295.11 | 704845.66 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 198036.57 | 410566.48 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 198036.57 | 410566.48 |
| 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)).. | 198036.57 | 410566.48 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 198036.57 | 410566.48 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 87

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 0.00 | 0.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 0.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 198036.57 | 410566.48 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 294295.11 | 704845.66 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -96258.54 | -294279.18 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 87
(check only one)

| | | | |
|------------------------------|------------------------------|--|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
Mailing Address 430 SOUTH CAPITOL ST SE
City WASHINGTON State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235768.72
Date of Receipt 04 / 05 / 2010
Transaction ID: SA15-862
Amount of Each Receipt this Period 34660.00

B. Full Name (Last, First, Middle Initial)
Friends of Barbara Boxer
Mailing Address 777 South Figueroa Street Suite 4050
City Los Angeles State CA Zip Code 90017
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 271.62
Date of Receipt 04 / 05 / 2010
Transaction ID: SA15-856
Amount of Each Receipt this Period 271.62

C. Full Name (Last, First, Middle Initial)
John Callahan for Congress
Mailing Address PO Box 1386
City Bethlehem State PA Zip Code 18016
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 19381.36
Date of Receipt 04 / 09 / 2010
Transaction ID: SA15-857
Amount of Each Receipt this Period 19381.36

SUBTOTAL of Receipts This Page (optional) ► 54312.98
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 87
(check only one)

| | | | |
|------------------------------|------------------------------|--|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
Mailing Address 430 SOUTH CAPITOL ST SE

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235768.72

Date of Receipt
MM / DD / YYYY
04 / 15 / 2010

Transaction ID: SA15-864

Amount of Each Receipt this Period
38992.21

B. Full Name (Last, First, Middle Initial)
DNC SERVICES CORP.
Mailing Address 430 SOUTH CAPITOL ST SE

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235768.72

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: SA15-863

Amount of Each Receipt this Period
3425.36

C. Full Name (Last, First, Middle Initial)
California Victory 2010
Mailing Address 430 S. Capitol Street, SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
94584.37

Date of Receipt
MM / DD / YYYY
04 / 20 / 2010

Transaction ID: SA15-865

Amount of Each Receipt this Period
94584.37

SUBTOTAL of Receipts This Page (optional) ► **137001.94**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 87

(check only one)

| | | | |
|------------------------------|------------------------------|--|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.

Full Name (Last, First, Middle Initial)
Citizens for Arlen Specter

Mailing Address 236 Massachusetts Ave., NE
#602

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18335.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA15-859

Amount of Each Receipt this Period

18335.00

B.

Full Name (Last, First, Middle Initial)
Mark Critz for Congress Cmte

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

City State Zip Code
Johnstown PA 15901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23645.19

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA15-858

Amount of Each Receipt this Period

23645.19

C.

Full Name (Last, First, Middle Initial)
ARIZONA DEMOCRATIC PARTY Federal Account

Mailing Address 2910 NORTH CENTRAL AVENUE

City State Zip Code
PHOENIX AZ 85012

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
31000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: SA15-861

Amount of Each Receipt this Period

31000.00

SUBTOTAL of Receipts This Page (optional)

72980.19

TOTAL This Period (last page this line number only)

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

| | | | | |
|---|------------------------------|--|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 9 / 87 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Markey for Congress | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO Box 1333 | | <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>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 9 | | 2 | 0 | 1 | 0 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 4 | | 2 | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| | City State Zip Code Fort Collins CO 80522 | | Transaction ID: SA15-860 | | | | | | | | | | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30000.00 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation | | Aggregate Year-to-Date ▼ 30000.00 | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 30000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 294295.11 |

**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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-638 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift Airfare | <input type="text" value="5310.85"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-639 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift Helo | <input type="text" value="3575.39"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-640 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift In-flight Services | <input type="text" value="19.32"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="8905.56"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-641 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift Airfare | <input type="text" value="16454.17"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-642 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift Helo | <input type="text" value="3619.55"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-643 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift In-flight Services | <input type="text" value="93.06"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="20166.78"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-644 |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | Date of Disbursement 04 / 01 / 2010 |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period 43096.85 |
| | Purpose of Disbursement White House Airlift Airfare | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-645 |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | Date of Disbursement 04 / 01 / 2010 |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period 165.33 |
| | Purpose of Disbursement White House Airlift In-flight Services | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-646 |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | Date of Disbursement 04 / 01 / 2010 |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period 14035.68 |
| | Purpose of Disbursement White House Airlift Airfare | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

57297.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-647 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift Helo | <input type="text" value="4969.99"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-648 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift In-flight Services | <input type="text" value="82.16"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-649 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift Airfare | <input type="text" value="4584.14"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="9636.29"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-650 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift Helo | <input type="text" value="2583.75"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-651 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift In-flight Services | <input type="text" value="28.78"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-652 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift Airfare | <input type="text" value="3635.18"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="6247.71"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-653 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift In-flight Services | <input type="text" value="18.63"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS | Transaction ID: SB21B-654 Date of Disbursement |
| | Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25 | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20502 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement White House Airlift Helo | <input type="text" value="950.64"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) William Abely | Transaction ID: SB21B-668 Date of Disbursement |
| | Mailing Address 166 Commercial Street, #2 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Boston State MA Zip Code 02109 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="12.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="981.27"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) William Abely | Transaction ID: SB21B-669 |
| | Mailing Address 166 Commercial Street, #2 | Date of Disbursement 04 / 15 / 2010 |
| | City Boston State MA Zip Code 02109 | Amount of Each Disbursement this Period 800.00 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Sally Armbruster | Transaction ID: SB21B-670 |
| | Mailing Address 60 East Scott Street Apt. 204 | Date of Disbursement 04 / 15 / 2010 |
| | City Chicago State IL Zip Code 60610 | Amount of Each Disbursement this Period 800.00 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) CHARLA BAILEY | Transaction ID: SB21B-671 |
| | Mailing Address 713 N. WALNUT STREET, North | Date of Disbursement 04 / 15 / 2010 |
| | City LITTLE ROCK State AR Zip Code 72114 | Amount of Each Disbursement this Period 196.56 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1796.56 |
| 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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) DESIREE BARNES | Transaction ID: SB21B-672 Date of Disbursement |
| | Mailing Address 2101 16th Street, NW, #803 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="15.66"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) DESIREE BARNES | Transaction ID: SB21B-673 Date of Disbursement |
| | Mailing Address 2101 16th Street, NW, #803 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="198.09"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Melody C. Barnes | Transaction ID: SB21B-674 Date of Disbursement |
| | Mailing Address 2006 Columbia Rd., NW, #41 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="7.98"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="221.73"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Melody C. Barnes | Transaction ID: SB21B-675 Date of Disbursement |
| | Mailing Address 2006 Columbia Rd., NW, #41 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="3.20"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) ANDREW BINNS | Transaction ID: SB21B-676 Date of Disbursement |
| | Mailing Address 75 Peterborough Street, #407 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City BOSTON State MA Zip Code 02215 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="800.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Carol Browner | Transaction ID: SB21B-677 Date of Disbursement |
| | Mailing Address 1750 16th Street, NW, #83 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="10.89"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="814.09"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Samantha Buchan | Transaction ID: SB21B-678 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 2235 Q Street, NW, Basement | <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>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 5 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20008 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Travel Expense | <table border="1"><tr><td>9</td><td>1</td><td>7</td></tr></table> | 9 | 1 | 7 | | | | | | | | | | | | | | | | |
| 9 | 1 | 7 | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Samantha Buchan | Transaction ID: SB21B-679 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 2235 Q Street, NW, Basement | <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>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 5 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20008 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Airline Baggage Fees | <table border="1"><tr><td>3</td><td>0</td><td>0</td></tr></table> | 3 | 0 | 0 | | | | | | | | | | | | | | | | |
| 3 | 0 | 0 | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Samantha Buchan | Transaction ID: SB21B-680 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 2235 Q Street, NW, Basement | <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>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 5 | | 2 | 0 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| | City Washington State DC Zip Code 20008 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <table border="1"><tr><td>3</td><td>6</td><td>2</td><td>1</td></tr></table> | 3 | 6 | 2 | 1 | | | | | | | | | | | | | | | |
| 3 | 6 | 2 | 1 | | | | | | | | | | | | | | | | | | |
| | Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|---|---|---|---|---|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>4</td><td>8</td><td>3</td><td>8</td></tr></table> | 4 | 8 | 3 | 8 |
| 4 | 8 | 3 | 8 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | |
| | | | | | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | | |
|-----------|--|--|--------|
| A. | Full Name (Last, First, Middle Initial) KATHLEEN CAMPBELL | Transaction ID: SB21B-681 Date of Disbursement 04 / 15 / 2010 | |
| | Mailing Address 2416 Berkshire Drive | | |
| | City Winter Haven State FL Zip Code 33884 | Amount of Each Disbursement this Period | 21.94 |
| | Purpose of Disbursement Travel Expense | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| B. | Full Name (Last, First, Middle Initial) KATHLEEN CAMPBELL | Transaction ID: SB21B-682 Date of Disbursement 04 / 15 / 2010 | |
| | Mailing Address 2416 Berkshire Drive | | |
| | City Winter Haven State FL Zip Code 33884 | Amount of Each Disbursement this Period | 15.90 |
| | Purpose of Disbursement Airline Baggage Fees | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| C. | Full Name (Last, First, Middle Initial) KATHLEEN CAMPBELL | Transaction ID: SB21B-683 Date of Disbursement 04 / 15 / 2010 | |
| | Mailing Address 2416 Berkshire Drive | | |
| | City Winter Haven State FL Zip Code 33884 | Amount of Each Disbursement this Period | 192.39 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 230.23 |
| 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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) David Ceasar</p> <p>Mailing Address 1600 S. Eads St., #524N</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-684 Date of Disbursement: 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1.98</p> |
| <p>B. Full Name (Last, First, Middle Initial) David Ceasar</p> <p>Mailing Address 1600 S. Eads St., #524N</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-685 Date of Disbursement: 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) David Ceasar</p> <p>Mailing Address 1600 S. Eads St., #524N</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-686 Date of Disbursement: 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 27.69</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

32.67

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) David Ceasar | Transaction ID: SB21B-687 |
| | Mailing Address 1600 S. Eads St., #524N | Date of Disbursement MM / DD / YYYY 04 / 15 / 2010 |
| | City Arlington State VA Zip Code 22202 | Amount of Each Disbursement this Period 28.30 |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) David Ceasar | Transaction ID: SB21B-688 |
| | Mailing Address 1600 S. Eads St., #524N | Date of Disbursement MM / DD / YYYY 04 / 15 / 2010 |
| | City Arlington State VA Zip Code 22202 | Amount of Each Disbursement this Period 25.00 |
| | Purpose of Disbursement Airline Baggage Fees | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) David Ceasar | Transaction ID: SB21B-689 |
| | Mailing Address 1600 S. Eads St., #524N | Date of Disbursement MM / DD / YYYY 04 / 15 / 2010 |
| | City Arlington State VA Zip Code 22202 | Amount of Each Disbursement this Period 320.50 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 373.80 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) David Ceasar | Transaction ID: SB21B-690 Date of Disbursement |
| | Mailing Address 1600 S. Eads St., #524N | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Arlington State VA Zip Code 22202 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="88.21"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) David Ceasar | Transaction ID: SB21B-691 Date of Disbursement |
| | Mailing Address 1600 S. Eads St., #524N | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Arlington State VA Zip Code 22202 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="25.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) David Ceasar | Transaction ID: SB21B-692 Date of Disbursement |
| | Mailing Address 1600 S. Eads St., #524N | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Arlington State VA Zip Code 22202 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="274.50"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="387.71"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Rebecca Hollis Chappell | Transaction ID: SB21B-693 Date of Disbursement |
| | Mailing Address 1010 25th Street, NW Unit #210 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20037 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="7.44"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Rebecca Hollis Chappell | Transaction ID: SB21B-694 Date of Disbursement |
| | Mailing Address 1010 25th Street, NW Unit #210 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20037 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="209.10"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Rebecca Hollis Chappell | Transaction ID: SB21B-695 Date of Disbursement |
| | Mailing Address 1010 25th Street, NW Unit #210 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20037 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="131.22"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Rebecca Hollis Chappell | Transaction ID: SB21B-696 Date of Disbursement |
| | Mailing Address 1010 25th Street, NW Unit #210 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20037 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="50.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Rebecca Hollis Chappell | Transaction ID: SB21B-697 Date of Disbursement |
| | Mailing Address 1010 25th Street, NW Unit #210 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20037 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="308.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Melode DeMulling | Transaction ID: SB21B-698 Date of Disbursement |
| | Mailing Address 119 D Street, SE | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="24.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="382.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Melode DeMulling | Transaction ID: SB21B-699 Date of Disbursement |
| | Mailing Address 119 D Street, SE | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="50.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Melode DeMulling | Transaction ID: SB21B-700 Date of Disbursement |
| | Mailing Address 119 D Street, SE | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="308.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) AIMEE E. DEWING | Transaction ID: SB21B-701 Date of Disbursement |
| | Mailing Address 29626 Kimberly Drive | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Agoura Hills State CA Zip Code 91301 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="3.30"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="361.30"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) AIMEE E. DEWING | Transaction ID: SB21B-702 Date of Disbursement |
| | Mailing Address 29626 Kimberly Drive | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Agoura Hills State CA Zip Code 91301 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="2.40"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) AIMEE E. DEWING | Transaction ID: SB21B-703 Date of Disbursement |
| | Mailing Address 29626 Kimberly Drive | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Agoura Hills State CA Zip Code 91301 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="36.21"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Susan Young Dublin | Transaction ID: SB21B-704 Date of Disbursement |
| | Mailing Address 1304 S. Halliburton | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Kirksville State MO Zip Code 63501 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="160.33"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="198.94"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Susan Young Dublin | Transaction ID: SB21B-705 Date of Disbursement |
| | Mailing Address 1304 S. Halliburton | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Kirksville State MO Zip Code 63501 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="192.39"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Deesha A. Dyer | Transaction ID: SB21B-706 Date of Disbursement |
| | Mailing Address 5432 Angora Terrace, B | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Philadelphia State PA Zip Code 19143 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="0.77"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Deesha A. Dyer | Transaction ID: SB21B-707 Date of Disbursement |
| | Mailing Address 5432 Angora Terrace, B | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Philadelphia State PA Zip Code 19143 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="5.50"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="198.66"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Deesha A. Dyer | Transaction ID: SB21B-708 Date of Disbursement |
| | Mailing Address 5432 Angora Terrace, B | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Philadelphia State PA Zip Code 19143 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="46.20"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) JONATHAN FELDMAN | Transaction ID: SB21B-709 Date of Disbursement |
| | Mailing Address 1610 16TH STREET, NW #508 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="196.56"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) SAMANTHA FINKE | Transaction ID: SB21B-710 Date of Disbursement |
| | Mailing Address 703 BLAKE STREET | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City ELLSWORTH State KS Zip Code 67439 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="800.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1042.76"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) ELI FLEET | Transaction ID: SB21B-711 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 501 12TH STREET, NE, APT. 36 | Amount of Each Disbursement this Period 46.75 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement Travel Expense Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) ELI FLEET | Transaction ID: SB21B-712 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 501 12TH STREET, NE, APT. 36 | Amount of Each Disbursement this Period 40.00 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement Airline Baggage Fees Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ELI FLEET | Transaction ID: SB21B-713 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 501 12TH STREET, NE, APT. 36 | Amount of Each Disbursement this Period 364.00 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 450.75 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) ELI FLEET | Transaction ID: SB21B-714 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 501 12TH STREET, NE, APT. 36 | Amount of Each Disbursement this Period 280.50 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) ELI FLEET | Transaction ID: SB21B-715 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 501 12TH STREET, NE, APT. 36 | Amount of Each Disbursement this Period 64.83 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement Travel Expense | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ELI FLEET | Transaction ID: SB21B-716 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 501 12TH STREET, NE, APT. 36 | Amount of Each Disbursement this Period 40.00 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement Airline Baggage Fees | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 385.33 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) ELI FLEET | Transaction ID: SB21B-717 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 501 12TH STREET, NE, APT. 36 | Amount of Each Disbursement this Period 252.00 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Stephanie Gauzens | Transaction ID: SB21B-718 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 1271 Royal Oak Drive | Amount of Each Disbursement this Period 42.90 |
| | City Dunedin State FL Zip Code 34698 | |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Stephanie Gauzens | Transaction ID: SB21B-719 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 1271 Royal Oak Drive | Amount of Each Disbursement this Period 9.54 |
| | City Dunedin State FL Zip Code 34698 | |
| | Purpose of Disbursement Train Travel | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 304.44 |
| 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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Stephanie Gauzens | Transaction ID: SB21B-720 Date of Disbursement |
| | Mailing Address 1271 Royal Oak Drive | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Dunedin State FL Zip Code 34698 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="7.95"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Stephanie Gauzens | Transaction ID: SB21B-721 Date of Disbursement |
| | Mailing Address 1271 Royal Oak Drive | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Dunedin State FL Zip Code 34698 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="192.39"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Stephanie Gauzens | Transaction ID: SB21B-722 Date of Disbursement |
| | Mailing Address 1271 Royal Oak Drive | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Dunedin State FL Zip Code 34698 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="44.46"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="244.80"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Stephanie Gauzens | Transaction ID: SB21B-723 Date of Disbursement |
| | Mailing Address 1271 Royal Oak Drive | <input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Dunedin State FL Zip Code 34698 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="15.60"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Stephanie Gauzens | Transaction ID: SB21B-724 Date of Disbursement |
| | Mailing Address 1271 Royal Oak Drive | <input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Dunedin State FL Zip Code 34698 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="196.56"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) DAVID GREELISH | Transaction ID: SB21B-725 Date of Disbursement |
| | Mailing Address 69 GALEN STREET #5 | <input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City WATERTOWN State MA Zip Code 02472 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="800.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1012.16"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS | Transaction ID: SB21B-726 Date of Disbursement |
| | Mailing Address 441 10TH STREET, NE | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Events-Misc. Expense | <input type="text" value="121.73"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS | Transaction ID: SB21B-727 Date of Disbursement |
| | Mailing Address 441 10TH STREET, NE | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="195.21"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS | Transaction ID: SB21B-728 Date of Disbursement |
| | Mailing Address 441 10TH STREET, NE | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="25.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="341.94"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MICHAEL-ANN HADERS | Transaction ID: SB21B-729 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 441 10TH STREET, NE | Amount of Each Disbursement this Period 364.00 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MARK P. HANNAH | Transaction ID: SB21B-730 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 503 W. 150TH STREET, APT. 6 | Amount of Each Disbursement this Period 238.86 |
| | City NEW YORK State NY Zip Code 10031 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Robert Ikoku | Transaction ID: SB21B-731 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 2804 Houston Branch Road | Amount of Each Disbursement this Period 44.91 |
| | City Charlotte State NC Zip Code 28270 | |
| | Purpose of Disbursement Travel Expense | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 647.77 |
| 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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Robert Ikoku | Transaction ID: SB21B-732 |
| | Mailing Address 2804 Houston Branch Road | Date of Disbursement MM / DD / YYYY 04 / 15 / 2010 |
| | City Charlotte State NC Zip Code 28270 | Amount of Each Disbursement this Period 12.20 |
| | Purpose of Disbursement Airline Baggage Fees | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Robert Ikoku | Transaction ID: SB21B-733 |
| | Mailing Address 2804 Houston Branch Road | Date of Disbursement MM / DD / YYYY 04 / 15 / 2010 |
| | City Charlotte State NC Zip Code 28270 | Amount of Each Disbursement this Period 238.21 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Franklin C. Jennings | Transaction ID: SB21B-734 |
| | Mailing Address 2205 N. Arthur Street | Date of Disbursement MM / DD / YYYY 04 / 15 / 2010 |
| | City Little Rock State AR Zip Code 72207 | Amount of Each Disbursement this Period 2.62 |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

253.03

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Franklin C. Jennings | Transaction ID: SB21B-735 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 2205 N. Arthur Street | Amount of Each Disbursement this Period 31.95 |
| | City Little Rock State AR Zip Code 72207 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WILLIAM JENNINGS | Transaction ID: SB21B-736 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 2926 Porter Street, NW, #22 | Amount of Each Disbursement this Period 151.20 |
| | City Washington State DC Zip Code 20008 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) THOMAS KERR | Transaction ID: SB21B-737 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 38421 ELISE STREET | Amount of Each Disbursement this Period 263.43 |
| | City LIVONIA State MI Zip Code 48154 | |
| | Purpose of Disbursement Travel Expense | |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 446.58 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) THOMAS KERR | Transaction ID: SB21B-738 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 38421 ELISE STREET | Amount of Each Disbursement this Period 207.48 |
| | City LIVONIA State MI Zip Code 48154 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) JEFFREY KIERNAN | Transaction ID: SB21B-739 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 1236 N. Sweetzer Avenue, #9 | Amount of Each Disbursement this Period 7.52 |
| | City West Hollywood State CA Zip Code 90069 | |
| | Purpose of Disbursement Travel Expense | |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) JEFFREY KIERNAN | Transaction ID: SB21B-740 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 1236 N. Sweetzer Avenue, #9 | Amount of Each Disbursement this Period 53.00 |
| | City West Hollywood State CA Zip Code 90069 | |
| | Purpose of Disbursement Airline Baggage Fees | |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 268.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) JEFFREY KIERNAN | Transaction ID: SB21B-741 Date of Disbursement |
| | Mailing Address 1236 N. Sweetzer Avenue, #9 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City West Hollywood State CA Zip Code 90069 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="192.39"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) JEFFREY KIERNAN | Transaction ID: SB21B-742 Date of Disbursement |
| | Mailing Address 1236 N. Sweetzer Avenue, #9 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City West Hollywood State CA Zip Code 90069 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="29.99"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) JEFFREY KIERNAN | Transaction ID: SB21B-743 Date of Disbursement |
| | Mailing Address 1236 N. Sweetzer Avenue, #9 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City West Hollywood State CA Zip Code 90069 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="9.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="231.38"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) JEFFREY KIERNAN | Transaction ID: SB21B-744 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 1236 N. Sweetzer Avenue, #9 | Amount of Each Disbursement this Period 151.20 |
| | City West Hollywood State CA Zip Code 90069 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Brandon Lepow | Transaction ID: SB21B-745 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 2401 Calvert St., NW, Apt. 509 | Amount of Each Disbursement this Period 8.65 |
| | City Washington State DC Zip Code 20008 | |
| | Purpose of Disbursement Travel Expense | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Brandon Lepow | Transaction ID: SB21B-746 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 2401 Calvert St., NW, Apt. 509 | Amount of Each Disbursement this Period 46.20 |
| | City Washington State DC Zip Code 20008 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 206.05 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Jacob Levine | Transaction ID: SB21B-747 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 1601 15th Street, NW | Amount of Each Disbursement this Period 5.72 |
| | City Washington State DC Zip Code 20009 | |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Jacob Levine | Transaction ID: SB21B-748 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 1601 15th Street, NW | Amount of Each Disbursement this Period 10.89 |
| | City Washington State DC Zip Code 20009 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Noerena Limon | Transaction ID: SB21B-749 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 1440 N Street, NW, #606 | Amount of Each Disbursement this Period 11.72 |
| | City Washington State DC Zip Code 20005 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 28.33 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Nicole Lynch | Transaction ID: SB21B-750 Date of Disbursement |
| | Mailing Address 7830 Cedar Lane | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Elkins Park State PA Zip Code 19027 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="10.17"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Nicole Lynch | Transaction ID: SB21B-751 Date of Disbursement |
| | Mailing Address 7830 Cedar Lane | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Elkins Park State PA Zip Code 19027 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="248.50"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Nicole Lynch | Transaction ID: SB21B-752 Date of Disbursement |
| | Mailing Address 7830 Cedar Lane | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City Elkins Park State PA Zip Code 19027 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Car Rental | <input type="text" value="403.92"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="662.59"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) ALI MERALI | Transaction ID: SB21B-753 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address c/o Farhan Merali 67 River Street, Apt. 2 | Amount of Each Disbursement this Period 800.00 |
| | City Cambridge State MA Zip Code 02139 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Aniluz Mercedes | Transaction ID: SB21B-754 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 2211 Ala Wai Blvd, #3206 | Amount of Each Disbursement this Period 7.15 |
| | City Honolulu State HI Zip Code 96815 | |
| | Purpose of Disbursement Travel Expense | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Aniluz Mercedes | Transaction ID: SB21B-755 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 2211 Ala Wai Blvd, #3206 | Amount of Each Disbursement this Period 46.20 |
| | City Honolulu State HI Zip Code 96815 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 853.35 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) SEAMUS PERRY | Transaction ID: SB21B-756 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 3701 Connecticut Ave., NW Apt. 916 | Amount of Each Disbursement this Period 46.20 |
| | City Washington State DC Zip Code 20008 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Krystal Person | Transaction ID: SB21B-757 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 155 Potomac Passage, Unit 222 | Amount of Each Disbursement this Period 60.00 |
| | City National Harbor State MD Zip Code 20745 | |
| | Purpose of Disbursement Travel Expense | |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Krystal Person | Transaction ID: SB21B-758 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 155 Potomac Passage, Unit 222 | Amount of Each Disbursement this Period 45.00 |
| | City National Harbor State MD Zip Code 20745 | |
| | Purpose of Disbursement Airline Baggage Fees | |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 151.20 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Krystal Person | Transaction ID: SB21B-759 |
| | Mailing Address 155 Potomac Passage, Unit 222 | Date of Disbursement 04 / 15 / 2010 |
| | City National Harbor State MD Zip Code 20745 | Amount of Each Disbursement this Period 461.50 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Krystal Person | Transaction ID: SB21B-760 |
| | Mailing Address 155 Potomac Passage, Unit 222 | Date of Disbursement 04 / 15 / 2010 |
| | City National Harbor State MD Zip Code 20745 | Amount of Each Disbursement this Period 532.50 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Sameer Paul Punyani | Transaction ID: SB21B-761 |
| | Mailing Address 11613 NW 5th Street | Date of Disbursement 04 / 15 / 2010 |
| | City Plantation State FL Zip Code 33325 | Amount of Each Disbursement this Period 46.00 |
| | Purpose of Disbursement Airline Baggage Fees | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 1040.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Sameer Paul Punyani</p> <p>Mailing Address 11613 NW 5th Street</p> <p>City Plantation State FL Zip Code 33325</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-762 Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 364.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Christopher J. Rog</p> <p>Mailing Address 3108 LOGAN BLVD.</p> <p>City CHICAGO State IL Zip Code 60647</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-763 Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 112.47</p> |
| <p>C. Full Name (Last, First, Middle Initial) Christopher J. Rog</p> <p>Mailing Address 3108 LOGAN BLVD.</p> <p>City CHICAGO State IL Zip Code 60647</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-764 Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 242.11</p> |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 718.58 |
| 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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Christopher J. Rog | Transaction ID: SB21B-765 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 3108 LOGAN BLVD. | |
| | City CHICAGO State IL Zip Code 60647 | Amount of Each Disbursement this Period 8.28 |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Christopher J. Rog | Transaction ID: SB21B-766 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 3108 LOGAN BLVD. | |
| | City CHICAGO State IL Zip Code 60647 | Amount of Each Disbursement this Period 21.00 |
| | Purpose of Disbursement Airline Baggage Fees | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Christopher J. Rog | Transaction ID: SB21B-767 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 3108 LOGAN BLVD. | |
| | City CHICAGO State IL Zip Code 60647 | Amount of Each Disbursement this Period 117.60 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 146.88 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Christopher J. Rog</p> <p>Mailing Address 3108 LOGAN BLVD.</p> <p>City CHICAGO State IL Zip Code 60647</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-768 Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 14.51</p> |
| <p>B. Full Name (Last, First, Middle Initial) Christopher J. Rog</p> <p>Mailing Address 3108 LOGAN BLVD.</p> <p>City CHICAGO State IL Zip Code 60647</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-769 Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Christopher J. Rog</p> <p>Mailing Address 3108 LOGAN BLVD.</p> <p>City CHICAGO State IL Zip Code 60647</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-770 Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 461.50</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

506.01

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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Luke B. Rosa | Transaction ID: SB21B-771 Date of Disbursement |
| | Mailing Address 55 U Street, NW | <input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Washington State DC Zip Code 20001 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="36.21"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) BEN SHANNON | Transaction ID: SB21B-772 Date of Disbursement |
| | Mailing Address 421 10TH STREET, NE | <input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City WASHINGTON State DC Zip Code 20002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="800.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) PATRICK J SHEARNS | Transaction ID: SB21B-773 Date of Disbursement |
| | Mailing Address 124 MANTHORNE ROAD | <input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City WEST ROXBURY State MA Zip Code 02132 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="5.39"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="841.60"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PATRICK J SHEARNS | Transaction ID: SB21B-774 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 124 MANTHORNE ROAD | Amount of Each Disbursement this Period 40.04 |
| | City WEST ROXBURY State MA Zip Code 02132 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Anthony C. Smith | Transaction ID: SB21B-775 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 6 Forest Avenue | Amount of Each Disbursement this Period 800.00 |
| | City Salem State MA Zip Code 01970 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) TIMOTHY SNEED | Transaction ID: SB21B-776 Date of Disbursement 04 / 15 / 2010 |
| | Mailing Address 101 S. WHITING STREET, #808 | Amount of Each Disbursement this Period 194.90 |
| | City ALEXANDRIA State VA Zip Code 22304 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1034.94 |
| 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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-777 Date of Disbursement |
| | Mailing Address P.O. BOX 27800 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20038-7800 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airfare Candidate Name | <input type="text" value="187.35"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-778 Date of Disbursement |
| | Mailing Address P.O. BOX 27800 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20038-7800 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airfare Candidate Name | <input type="text" value="361.66"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-779 Date of Disbursement |
| | Mailing Address P.O. BOX 27800 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20038-7800 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airfare Candidate Name | <input type="text" value="472.38"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1021.39"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY Mailing Address P.O. BOX 27800 City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Lodging & Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-780 Date of Disbursement 04 / 15 / 2010 Amount of Each Disbursement this Period 2526.00 Category/Type |
| B. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY Mailing Address P.O. BOX 27800 City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-781 Date of Disbursement 04 / 15 / 2010 Amount of Each Disbursement this Period 531.37 Category/Type |
| C. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY Mailing Address P.O. BOX 27800 City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-782 Date of Disbursement 04 / 15 / 2010 Amount of Each Disbursement this Period 696.16 Category/Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3753.53 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-783 Date of Disbursement |
| | Mailing Address P.O. BOX 27800 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20038-7800 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airfare Candidate Name | <input type="text" value="1223.42"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-784 Date of Disbursement |
| | Mailing Address P.O. BOX 27800 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20038-7800 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airfare Candidate Name | <input type="text" value="1034.02"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-785 Date of Disbursement |
| | Mailing Address P.O. BOX 27800 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20038-7800 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airfare Candidate Name | <input type="text" value="1071.09"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3328.53"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-786 Date of Disbursement |
| | Mailing Address P.O. BOX 27800 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20038-7800 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airfare Candidate Name | <input type="text" value="187.35"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-787 Date of Disbursement |
| | Mailing Address P.O. BOX 27800 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20038-7800 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airfare Candidate Name | <input type="text" value="313.60"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-788 Date of Disbursement |
| | Mailing Address P.O. BOX 27800 | <input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2010"/> |
| | City WASHINGTON State DC Zip Code 20038-7800 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airfare Candidate Name | <input type="text" value="1498.38"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1999.33"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Riley P. Wells</p> <p>Mailing Address 3744 W Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-789</p> <p>Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 308.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Jessica Wright</p> <p>Mailing Address 1324 Euclid Street, NW, #206</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-790</p> <p>Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) BANK OF AMERICA,NA</p> <p>Mailing Address REGIONAL CENTER, VA2-125-04-01 P.O. BOX 27025</p> <p>City RICHMOND State VA Zip Code 23261-7025</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-850</p> <p>Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 58.67</p> |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1166.67 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ian Alberg | Transaction ID: SB21B-792 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 1210 N. Taft Street, #705 | Amount of Each Disbursement this Period 27.09 |
| | City Alexandria State VA Zip Code 22201 | |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ian Alberg | Transaction ID: SB21B-793 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 1210 N. Taft Street, #705 | Amount of Each Disbursement this Period 122.98 |
| | City Alexandria State VA Zip Code 22201 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Elizabeth Alexander | Transaction ID: SB21B-794 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 332 11th Street, NE | Amount of Each Disbursement this Period 14.19 |
| | City Washington State DC Zip Code 20002 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 164.26 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Caitlin Allison | Transaction ID: SB21B-795 Date of Disbursement |
| | Mailing Address 1975 Downs Way | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City Auburn State AL Zip Code 36832 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="122.98"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) ALEX BAKER | Transaction ID: SB21B-796 Date of Disbursement |
| | Mailing Address 2800 LORCOM LANE | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City ARLINGTON State VA Zip Code 22207 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="122.98"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) DESIREE BARNES | Transaction ID: SB21B-797 Date of Disbursement |
| | Mailing Address 2101 16th Street, NW, #803 | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="32.02"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="277.98"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) DESIREE BARNES | Transaction ID: SB21B-798 |
| | Mailing Address 2101 16th Street, NW, #803 | Date of Disbursement MM / DD / YYYY 04 / 22 / 2010 |
| | City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period 287.55 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MICHAEL BRUSH | Transaction ID: SB21B-799 |
| | Mailing Address 4716 Red Fox Road | Date of Disbursement MM / DD / YYYY 04 / 22 / 2010 |
| | City Rockville State MD Zip Code 20852 | Amount of Each Disbursement this Period 28.89 |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MICHAEL BRUSH | Transaction ID: SB21B-800 |
| | Mailing Address 4716 Red Fox Road | Date of Disbursement MM / DD / YYYY 04 / 22 / 2010 |
| | City Rockville State MD Zip Code 20852 | Amount of Each Disbursement this Period 287.55 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 603.99 |
| 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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Rebecca Hollis Chappell | Transaction ID: SB21B-801 Date of Disbursement |
| | Mailing Address 1010 25th Street, NW Unit #210 | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20037 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="6.79"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Rebecca Hollis Chappell | Transaction ID: SB21B-802 Date of Disbursement |
| | Mailing Address 1010 25th Street, NW Unit #210 | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20037 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="8.60"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Rebecca Hollis Chappell | Transaction ID: SB21B-803 Date of Disbursement |
| | Mailing Address 1010 25th Street, NW Unit #210 | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20037 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="122.98"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="138.37"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Elizabeth J. D'Aunno | Transaction ID: SB21B-804 Date of Disbursement |
| | Mailing Address 15 Woodland Heights NE | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City Iowa City State IA Zip Code 52240 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="3.96"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Elizabeth J. D'Aunno | Transaction ID: SB21B-805 Date of Disbursement |
| | Mailing Address 15 Woodland Heights NE | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City Iowa City State IA Zip Code 52240 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="1.50"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Elizabeth J. D'Aunno | Transaction ID: SB21B-806 Date of Disbursement |
| | Mailing Address 15 Woodland Heights NE | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
| | City Iowa City State IA Zip Code 52240 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="36.21"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Carrie Devine</p> <p>Mailing Address 1507 Hartford Street</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-807</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 3.74</p> |
| <p>B. Full Name (Last, First, Middle Initial) Carrie Devine</p> <p>Mailing Address 1507 Hartford Street</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-808</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 7.20</p> |
| <p>C. Full Name (Last, First, Middle Initial) Carrie Devine</p> <p>Mailing Address 1507 Hartford Street</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-809</p> <p>Date of Disbursement 04 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 31.95</p> |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 42.89 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Carrie Devine | Transaction ID: SB21B-810 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 1507 Hartford Street | Amount of Each Disbursement this Period 40.04 |
| | City Arlington State VA Zip Code 22201 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MICHAEL DONILON | Transaction ID: SB21B-811 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 1120 ALEXANDRIA AVENUE | Amount of Each Disbursement this Period 14.19 |
| | City ALEXANDRIA State VA Zip Code 22308 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Harvey Greene | Transaction ID: SB21B-812 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 7589 NW 117TH LANE | Amount of Each Disbursement this Period 35.80 |
| | City PARKLAND State FL Zip Code 33076 | |
| | Purpose of Disbursement Travel Expense | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 90.03 |
| 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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Harvey Greene | Transaction ID: SB21B-813 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address 7589 NW 117TH LANE | Amount of Each Disbursement this Period 274.50 |
| | City PARKLAND State FL Zip Code 33076 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY | Transaction ID: SB21B-814 Date of Disbursement 04 / 22 / 2010 |
| | Mailing Address P.O. BOX 27800 | Amount of Each Disbursement this Period 1877.35 |
| | City WASHINGTON State DC Zip Code 20038-7800 | |
| | Purpose of Disbursement Airfare | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Ian Alberg | Transaction ID: SB21B-815 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 1210 N. Taft Street, #705 | Amount of Each Disbursement this Period 28.42 |
| | City Alexandria State VA Zip Code 22201 | |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2180.27 |
| 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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ian Alberg | Transaction ID: SB21B-816 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 1210 N. Taft Street, #705 | Amount of Each Disbursement this Period 109.62 |
| | City Alexandria State VA Zip Code 22201 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ian Alberg | Transaction ID: SB21B-817 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 1210 N. Taft Street, #705 | Amount of Each Disbursement this Period 49.56 |
| | City Alexandria State VA Zip Code 22201 | |
| | Purpose of Disbursement Travel Expense | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Ian Alberg | Transaction ID: SB21B-818 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 1210 N. Taft Street, #705 | Amount of Each Disbursement this Period 123.17 |
| | City Alexandria State VA Zip Code 22201 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 282.35 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 66 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) SHASTI CONRAD | Transaction ID: SB21B-819 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 14731 ASH WAY, UNIT A | Amount of Each Disbursement this Period 117.81 |
| | City LYNWOOD State WA Zip Code 98087 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Jonathan Dach | Transaction ID: SB21B-820 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 3418 Newark Street, NW | Amount of Each Disbursement this Period 126.12 |
| | City Washington State DC Zip Code 20015 | |
| | Purpose of Disbursement Travel Expense | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Jonathan Dach | Transaction ID: SB21B-821 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 3418 Newark Street, NW | Amount of Each Disbursement this Period 140.94 |
| | City Washington State DC Zip Code 20015 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 384.87 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) IKE EMEJURU</p> <p>Mailing Address 3217 SACRAMENTO DRIVE</p> <p>City VIRGINIA BEACH State VA Zip Code 23456</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-822</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 117.81</p> |
| <p>B. Full Name (Last, First, Middle Initial) SAMANTHA FINKE</p> <p>Mailing Address 703 BLAKE STREET</p> <p>City ELLSWORTH State KS Zip Code 67439</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-823</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 160.38</p> |
| <p>C. Full Name (Last, First, Middle Initial) SAMANTHA FINKE</p> <p>Mailing Address 703 BLAKE STREET</p> <p>City ELLSWORTH State KS Zip Code 67439</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-824</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 17.40</p> |

| | |
|---|---------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>295.59</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) SAMANTHA FINKE</p> <p>Mailing Address 703 BLAKE STREET</p> <p>City ELLSWORTH State KS Zip Code 67439</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-825 Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 140.94</p> |
| <p>B. Full Name (Last, First, Middle Initial) Itai I. Grunfeld</p> <p>Mailing Address 624 N. Virgil Avenue</p> <p>City Los Angeles State CA Zip Code 90004</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-826 Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 117.81</p> |
| <p>C. Full Name (Last, First, Middle Initial) DAN RASKOV</p> <p>Mailing Address 316 SAN VICENTE BLVD.</p> <p>City SANTA MONICA State CA Zip Code 90402</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-827 Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 51.77</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

310.52

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

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

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

FOR LINE NUMBER: (check only one)

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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) DAN RASKOV | Transaction ID: SB21B-828 Date of Disbursement |
| | Mailing Address 316 SAN VICENTE BLVD. | <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
| | City SANTA MONICA State CA Zip Code 90402 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Airline Baggage Fees | <input type="text" value="6.30"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) DAN RASKOV | Transaction ID: SB21B-829 Date of Disbursement |
| | Mailing Address 316 SAN VICENTE BLVD. | <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
| | City SANTA MONICA State CA Zip Code 90402 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | <input type="text" value="117.81"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Joshua Sargen | Transaction ID: SB21B-830 Date of Disbursement |
| | Mailing Address 1629 Columbia Rd., NW, #612 | <input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2010"/> |
| | City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Travel Expense | <input type="text" value="35.77"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="159.88"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Joshua Sargen | Transaction ID: SB21B-831 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 1629 Columbia Rd., NW, #612 | Amount of Each Disbursement this Period 16.80 |
| | City Washington State DC Zip Code 20009 | |
| | Purpose of Disbursement Airline Baggage Fees | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Joshua Sargen | Transaction ID: SB21B-832 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 1629 Columbia Rd., NW, #612 | Amount of Each Disbursement this Period 117.81 |
| | City Washington State DC Zip Code 20009 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Alexander A. Thorpe | Transaction ID: SB21B-833 Date of Disbursement 04 / 26 / 2010 |
| | Mailing Address 1415 Chapin Street, NW, #207 | Amount of Each Disbursement this Period 95.70 |
| | City Washington State DC Zip Code 20009 | |
| | Purpose of Disbursement Travel Expense | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 230.31 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Alexander A. Thorpe</p> <p>Mailing Address 1415 Chapin Street, NW, #207</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-834 Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 109.62</p> |
| <p>B. Full Name (Last, First, Middle Initial) William Abely</p> <p>Mailing Address 166 Commercial Street, #2</p> <p>City Boston State MA Zip Code 02109</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-835 Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 12.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Sally Armbruster</p> <p>Mailing Address 60 East Scott Street Apt. 204</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-836 Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 55.50</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

177.12

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Sally Armbruster</p> <p>Mailing Address 60 East Scott Street Apt. 204</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-837</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 50.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) ANDREW BINNS</p> <p>Mailing Address 75 Peterborough Street, #407</p> <p>City BOSTON State MA Zip Code 02215</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-838</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 11.75</p> |
| <p>C. Full Name (Last, First, Middle Initial) SAMANTHA FINKE</p> <p>Mailing Address 703 BLAKE STREET</p> <p>City ELLSWORTH State KS Zip Code 67439</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-839</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 127.53</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

189.28

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) SAMANTHA FINKE | Transaction ID: SB21B-840 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 703 BLAKE STREET | Amount of Each Disbursement this Period 45.00 |
| | City ELLSWORTH State KS Zip Code 67439 | |
| | Purpose of Disbursement Airline Baggage Fees Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) DAVID GREELISH | Transaction ID: SB21B-841 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 69 GALEN STREET #5 | Amount of Each Disbursement this Period 49.50 |
| | City WATERTOWN State MA Zip Code 02472 | |
| | Purpose of Disbursement Travel Expense Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Anthony C. Smith | Transaction ID: SB21B-842 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 6 Forest Avenue | Amount of Each Disbursement this Period 46.13 |
| | City Salem State MA Zip Code 01970 | |
| | Purpose of Disbursement Events-Misc. Expense Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 140.63 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Anthony C. Smith | Transaction ID: SB21B-843 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 6 Forest Avenue | |
| | City Salem State MA Zip Code 01970 | Amount of Each Disbursement this Period 193.21 |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Timothy Hartz | Transaction ID: SB21B-844 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 9476 Newbridge Drive | |
| | City Potomac State MD Zip Code 20854 | Amount of Each Disbursement this Period 287.56 |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Johanna Maska | Transaction ID: SB21B-845 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 1401 17th Street, NW, #501 | |
| | City Washington State DC Zip Code 20036 | Amount of Each Disbursement this Period 3.98 |
| | Purpose of Disbursement Travel Expense | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 484.75 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 87

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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Johanna Maska | Transaction ID: SB21B-846 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 1401 17th Street, NW, #501 | Amount of Each Disbursement this Period 249.22 |
| | City Washington State DC Zip Code 20036 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) ROBERT SCHMUCK | Transaction ID: SB21B-847 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 615 3RD STREET, NE #4 | Amount of Each Disbursement this Period 57.52 |
| | City WASHINGTON State DC Zip Code 20002 | |
| | Purpose of Disbursement Travel & Subsistence Expense Reimb | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) AMERICAN EXPRESS | Transaction ID: SB21B-851 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address P O BOX 1270 | Amount of Each Disbursement this Period 962.00 |
| | City NEWARK State NJ Zip Code 07101 | |
| | Purpose of Disbursement Travel Agent fee | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | See Attached Memo Entry |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1268.74 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Travel Agency Service Mailing Address 3415 E Kiehl Ave City Little Rock State AR Zip Code 72205 Purpose of Disbursement Travel Agent fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Transaction ID: SB21B-851-10000 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 930.00 [MEMO ITEM] Memo Entry |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) EGENCIA TRAVEL, INC. Mailing Address 3150 139th Ave SE City BELLEVUE State WA Zip Code 98005 Purpose of Disbursement Travel Agent fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Transaction ID: SB21B-851-20000 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 32.00 [MEMO ITEM] Memo Entry |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P O BOX 1270 City NEWARK State NJ Zip Code 07101 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Transaction ID: SB21B-852 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 19871.46 See Attached Memo Entry |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 19871.46 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 77 / 87

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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Air Canada</p> <p>Mailing Address 7373 Cote Vertu Blvd West</p> <p>City Montreal State QB Zip Code H4S 1-Z3</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-852-10000</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 151.68</p> <p>[MEMO ITEM] Memo Entry</p> |
| <p>B. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Boulevard</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-852-20000</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 14019.28</p> <p>[MEMO ITEM] Memo Entry</p> |
| <p>C. Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 1600 Smith Street</p> <p>City Houston State TX Zip Code 77002</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-852-30000</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 969.90</p> <p>[MEMO ITEM] Memo Entry</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Delta Air Lines, Inc.</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-852-40000</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period -1430.40</p> <p>[MEMO ITEM] Memo Entry</p> |
| <p>B. Full Name (Last, First, Middle Initial) Midwest Express Airlines</p> <p>Mailing Address 6744 S. Howell Avenue</p> <p>City Oak Creek State WI Zip Code 53154</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-852-50000</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 534.90</p> <p>[MEMO ITEM] Memo Entry</p> |
| <p>C. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES</p> <p>Mailing Address 2702 LOVE FIELD DR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-852-60000</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 239.40</p> <p>[MEMO ITEM] Memo Entry</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.

Full Name (Last, First, Middle Initial)
US Airways Group Inc.

Mailing Address 111 W. Rio Salado Pkwy

City State Zip Code
Tempe AZ 85281

Purpose of Disbursement
Airfare

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB21B-852-70000
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

| |
|---------|
| 5386.70 |
|---------|

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Mailing Address P O BOX 1270

City State Zip Code
NEWARK NJ 07101

Purpose of Disbursement
Train Travel

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB21B-853
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

| |
|--------|
| 211.00 |
|--------|

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address Union Station
50 Massachusetts Ave., NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Train Travel

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB21B-853-10000
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

| |
|--------|
| 211.00 |
|--------|

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

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|--------|
| 211.00 |
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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)

PAGE 80 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS | Transaction ID: SB21B-854 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P O BOX 1270 | <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>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City NEWARK State NJ Zip Code 07101 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Lodging & Catering Candidate Name | <table border="1"> <tr> <td style="text-align: center;">26550.49</td> </tr> </table> | 26550.49 | | | | | | | | | | | | | | | | | | | |
| 26550.49 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ See Attached Memo Entry | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) CROWNE PLAZA HOTEL | Transaction ID: SB21B-854-10000 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 777 ST CLAIR AVE., NE | <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>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City CLEVELAND State OH Zip Code 44114 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Lodging & Catering Candidate Name | <table border="1"> <tr> <td style="text-align: center;">3291.38</td> </tr> </table> | 3291.38 | | | | | | | | | | | | | | | | | | | |
| 3291.38 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] Memo Entry | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Four Points by Sheraton | Transaction ID: SB21B-854-20000 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 4343 Collins Avenue | <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>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Miami Beach State FL Zip Code 33140 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Lodging & Catering Candidate Name | <table border="1"> <tr> <td style="text-align: center;">1050.00</td> </tr> </table> | 1050.00 | | | | | | | | | | | | | | | | | | | |
| 1050.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] Memo Entry | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | <table border="1"> <tr> <td style="text-align: center;">26550.49</td> </tr> </table> | 26550.49 |
| 26550.49 | | |
| TOTAL This Period (last page this line number only) ▶ | <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial)
Holiday Inn Express Durham

Mailing Address 2516 Guess Road

City Durham State NC Zip Code 27705

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-854-30000
Date of Disbursement: 04 / 28 / 2010

Amount of Each Disbursement this Period: 388.00

[MEMO ITEM]
Memo Entry

B. Full Name (Last, First, Middle Initial)
Hyatt Regency Dallas

Mailing Address 300 Reunion Boulevard

City Dallas State TX Zip Code 75207

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-854-40000
Date of Disbursement: 04 / 28 / 2010

Amount of Each Disbursement this Period: 2991.13

[MEMO ITEM]
Memo Entry

C. Full Name (Last, First, Middle Initial)
Radisson Plaza-Warwick Hotel

Mailing Address 1701 Locust Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement Lodging & Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B-854-50000
Date of Disbursement: 04 / 28 / 2010

Amount of Each Disbursement this Period: 2023.78

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) W Boston | Transaction ID: SB21B-854-60000 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 100 Stuart Street | Amount of Each Disbursement this Period 9495.00 |
| | City Boston State MA Zip Code 02116 | |
| | Purpose of Disbursement Lodging & Catering | [MEMO ITEM] Memo Entry |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) The Westin Seattle | Transaction ID: SB21B-854-70000 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 1900 5th Avenue | Amount of Each Disbursement this Period 7311.20 |
| | City Seattle State WA Zip Code 98101 | |
| | Purpose of Disbursement Lodging & Catering | [MEMO ITEM] Memo Entry |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) AMERICAN EXPRESS | Transaction ID: SB21B-855 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address P O BOX 1270 | Amount of Each Disbursement this Period 11912.34 |
| | City NEWARK State NJ Zip Code 07101 | |
| | Purpose of Disbursement Car Rental | See Attached Memo Entry |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 11912.34 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Avis Rent-A-Car | Transaction ID: SB21B-855-10000 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address Cleveland Hopkins Airport 19601 Maplewood Ave | Amount of Each Disbursement this Period 482.73 |
| | City Cleveland State OH Zip Code 44135 | |
| | Purpose of Disbursement Car Rental | [MEMO ITEM] Memo Entry |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Avis Rent-A-Car | Transaction ID: SB21B-855-20000 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address Dallas-Fort Worth Airport 2424 East 38th Street | Amount of Each Disbursement this Period 2174.81 |
| | City Dallas State TX Zip Code 75261 | |
| | Purpose of Disbursement Car Rental | [MEMO ITEM] Memo Entry |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Avis Rent-A-Car | Transaction ID: SB21B-855-30000 Date of Disbursement 04 / 28 / 2010 |
| | Mailing Address 202 Porter Street | Amount of Each Disbursement this Period 1358.45 |
| | City East Boston State MA Zip Code 02128 | |
| | Purpose of Disbursement Car Rental | [MEMO ITEM] Memo Entry |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 84 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.

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

Transaction ID: SB21B-855-40000
Date of Disbursement

Mailing Address Cincinnati/N Kentucky Intl Apo
3256 Loomis Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |

City Erlanger State KY Zip Code 41018

Amount of Each Disbursement this Period

| |
|---------|
| 1121.82 |
|---------|

Purpose of Disbursement
Car Rental

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

[MEMO ITEM]
Memo Entry

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

B.

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

Transaction ID: SB21B-855-50000
Date of Disbursement

Mailing Address Raleigh Durham Intl Airport
1016 Rental Car Drive

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |

City Morrisville State NC Zip Code 27560

Amount of Each Disbursement this Period

| |
|--------|
| 477.31 |
|--------|

Purpose of Disbursement
Car Rental

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

[MEMO ITEM]
Memo Entry

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

C.

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

Transaction ID: SB21B-855-60000
Date of Disbursement

Mailing Address P.O. Box 222209

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |

City Great Neck State NY Zip Code 11022

Amount of Each Disbursement this Period

| |
|-------|
| 53.16 |
|-------|

Purpose of Disbursement
Car Rental

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

[MEMO ITEM]
Memo Entry

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

| |
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| |
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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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR Mailing Address 1722 M Street, NW City Washington State DC Zip Code 20036 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Transaction ID: SB21B-855-70000 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1693.27 [MEMO ITEM] Memo Entry |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) Budget Rent-A-Car Mailing Address Logan Intl Airport 20 Tomahawk Drive City East Boston State MA Zip Code 02128 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Transaction ID: SB21B-855-80000 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 995.07 [MEMO ITEM] Memo Entry |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) Budget Rent-A-Car Tolls Mailing Address 11 Grace Avenue, Suite 108 City Great Neck State NY Zip Code 11021 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Transaction ID: SB21B-855-90000 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 81.30 [MEMO ITEM] Memo Entry |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 86 / 87

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Enterprise Rent A Car</p> <p>Mailing Address PO Box 795153</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-855-100000 Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2797.50</p> <p>[MEMO ITEM] Memo Entry</p> |
| <p>B. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Cleveland Hopkins Airport 19601 Maplewood Avenue</p> <p>City Cleveland State OH Zip Code 44135</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-855-110000 Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 270.26</p> <p>[MEMO ITEM] Memo Entry</p> |
| <p>C. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Dallas Fort Worth Airport 2424 East 38th Street</p> <p>City Dallas State TX Zip Code 75261</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-855-120000 Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 394.77</p> <p>[MEMO ITEM] Memo Entry</p> |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) American Traffic Solutions</p> <p>Mailing Address 7681 E. Gray Road</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-855-130000 Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 11.89</p> <p>[MEMO ITEM] Memo Entry</p> |
| <p>B. Full Name (Last, First, Middle Initial) SAMANTHA FINKE</p> <p>Mailing Address 703 BLAKE STREET</p> <p>City ELLSWORTH State KS Zip Code 67439</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-848 Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 23.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) James Rizzo</p> <p>Mailing Address 5411 32nd Street, NW</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B-849 Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 287.56</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

310.56

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

198036.57