

# 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 Congressional Campaign Committee

ADDRESS (number and street) 430 South Capitol Street, SE  
2nd Floor  
 Check if different than previously reported. (ACC)  
Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** C00000935  
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 2009 through 04 30 2009

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 Jonathan S. Vogel

Signature of Treasurer Electronically Filed by Jonathan S. Vogel Date 09 11 2009

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

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

Write or Type Committee Name  
Democratic Congressional Campaign Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		491852.26
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	3347147.44									
(c) Total Receipts (from Line 19) .....	3053448.16	20255997.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	6400595.60	20747849.47								
7. Total Disbursements (from Line 31) .....	2374034.88	16721288.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4026560.72	4026560.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	7333333.33									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Democratic Congressional Campaign Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1196020.48	7328764.02
(ii) Unitemized .....	963274.00	4331683.43
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2159294.48	11660447.45
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	184000.00	2723271.71
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2343294.48	14383719.16
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) .....	34536.06	132553.60
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	675617.62	5739724.45
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)) .....	3053448.16	20255997.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3053448.16	20255997.21

## DETAILED SUMMARY PAGE

of Disbursements

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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.....	1682931.72	10564300.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1682931.72	10564300.35
22. Transfers to Affiliated/Other Party Committees.....	4520.00	23690.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8497.28	14703.01
24. Independent Expenditure (use Schedule E) .....	0.00	1847251.20
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	3979.21	86717.52
26. Loan Repayments Made.....	666666.67	4166666.67
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	7440.00	17960.00
(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)) .....	7440.00	17960.00
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))..	2374034.88	16721288.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2374034.88	16721288.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	2343294.48	14383719.16
34. Total Contribution Refunds (from Line 28(d)) .....	7440.00	17960.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2335854.48	14365759.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1682931.72	10564300.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	34536.06	132553.60
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1648395.66	10431746.75

**SCHEDULE C (FEC Form 3X)**

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

FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**Transaction ID: SC-6954**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Bank of America, NA	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 730 15th Street, NW	
City Washington State DC ZIP Code 20005	

Original Amount of Loan 20000000.00	Cumulative Payment To Date 12666666.67	Balance Outstanding at Close of This Period 7333333.33
--	---	---

**TERMS**

Date Incurred MM DD YY YY 09 08 2008	Date Due 03/31/2010	Interest Rate BBA LIBOR + 3 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="7333333.33"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="7333333.33"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 551

(check only one)

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

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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Joanne A. Abey

Mailing Address 1763 Buena Vista Ave  
Unit 302

City State Zip Code  
Livermore CA 94550-8910

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6063680

Amount of Each Receipt this Period 105.00

**B.**

Full Name (Last, First, Middle Initial)  
S. Daniel Abraham

Mailing Address 150 Bradley Pl

City State Zip Code  
Palm Beach FL 33480-3686

FEC ID number of contributing federal political committee. C

Name of Employer Energy Foods of America LLC Occupation  
Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 23000.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056436

Amount of Each Receipt this Period 23000.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd Adair

Mailing Address 2242 Carmelita Dr

City State Zip Code  
San Carlos CA 94070

FEC ID number of contributing federal political committee. C

Name of Employer BKF Engineers Occupation  
Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6007457

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 23355.00

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

A. Form/Schedule : **SA**

Transaction ID :

Schedule A supporting Line 17 discloses payment(s) from American List Counsel, Inc. and from individuals for goods and/or services, including equipment, supplies, personnel & advertising services. These payments reflect the usual and normal charge for the lists, which have an ascertainable value. The amounts of the payments were determined by looking to the amounts paid for similar lists under normal commercial practices or by looking at the fair market value of similar goods and/or services.



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Danny Adams		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address 11510 Foxclove Rd		<b>Transaction ID:</b> C6070455
City Oakton	State VA	Zip Code 22124-1151
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 450.00
Name of Employer Kelley Doye & Warren Llp	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**B.**

Full Name (Last, First, Middle Initial) Mariette Pathy Allen		Date of Receipt MM / DD / YYYY 04 / 13 / 2009
Mailing Address 100 Riverside Drive Apt 15 A/B		<b>Transaction ID:</b> C6058367
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Self-Employed	Occupation Artist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**C.**

Full Name (Last, First, Middle Initial) Susan W. Almy		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 266 Poverty Ln		<b>Transaction ID:</b> C6056509
City Lebanon	State NH	Zip Code 03766-2729
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Cesar L. Alvarez

Mailing Address 1221 Brickell Ave  
Suite 900

City State Zip Code  
Miami FL 33131-3224

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

Name of Employer Occupation  
Greenberg Traurig Attorney and CEO

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Transaction ID: C6056354

Amount of Each Receipt this Period

5000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Karen C. Amlong

Mailing Address 1343 Ponce De Leon Dr

City State Zip Code  
Fort Lauderdale FL 33316-1364

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

Name of Employer Occupation  
Amlong and Amlong Attorney

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	9

Transaction ID: C6082274

Amount of Each Receipt this Period

350.00
--------

**C.**

Full Name (Last, First, Middle Initial)

Ann Anderson

Mailing Address 5040 Northside Dr NW

City State Zip Code  
Atlanta GA 30327-4422

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	9

Transaction ID: C6069647

Amount of Each Receipt this Period

50.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

5400.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Leon H. Anderson

Mailing Address 12320 Millstream Dr

City State Zip Code  
Bowie MD 20715-1547

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C6083466

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Amber Anderson-Mostyn

Mailing Address 200 Westcott St

City State Zip Code  
Houston TX 77007-7004

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

Name of Employer Mostyn Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056525

Amount of Each Receipt this Period  
30400.00

**C.** Full Name (Last, First, Middle Initial)  
Donald C. Arbitblit

Mailing Address 988 Creston Rd

City State Zip Code  
Berkeley CA 94708-1544

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

Name of Employer Lief, Cabraser, Heimann & Bernstein Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056399

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **35510.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Madeleine Arison

Mailing Address 9999 Collins Ave  
Apt 15-GJ

City State Zip Code  
Bal Harbour FL 33154

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6056374

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Kurt Arnold

Mailing Address 1401 McKinney St  
Ste 2550

City State Zip Code  
Houston TX 77010-4048

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

Name of Employer Arnold and Itkin LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056513

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ann Arretteig

Mailing Address PO Box 314

City State Zip Code  
Mandeville LA 70470-0314

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

Name of Employer Rosenblum Mental Health Ctr Occupation Psychiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6059500

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6225.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Ann Arretteig  
Mailing Address PO Box 314  
City Mandeville State LA Zip Code 70470-0314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rosenblum Mental Health Ctr Occupation Psychiatrist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6057283  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Melvin Backman  
Mailing Address 11 Northfield Rd  
City Glen Cove State NY Zip Code 11542-1717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6059530  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Bacon  
Mailing Address 1715 Hoban Road NW  
City Washington State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Refugees International Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6084652  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 551
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Cedric Bainton		Date of Receipt MM / DD / YYYY 04 / 27 / 2009		
	Mailing Address 50 Ventura Ave		<b>Transaction ID:</b> C6089673		
	City San Francisco	State CA	Zip Code 94116	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) David Baker		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address 1197 Roesville Rd		<b>Transaction ID:</b> C6059260		
	City Felton	State DE	Zip Code 19943-4455	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kent Co Levy Court	Occupation Wastewater Operator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward D. Bantel		Date of Receipt MM / DD / YYYY 04 / 23 / 2009		
	Mailing Address 8145 E. Glenrosa Ave		<b>Transaction ID:</b> C6079075		
	City Scottsdale	State AZ	Zip Code 85251	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southwest Risk Services	Occupation Program Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 304.40			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Joshua Bar-Lev

Mailing Address 84 Gypsy Lane

City Berkeley State CA Zip Code 94705

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

Name of Employer Bright Source Energy Occupation VP, Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2009

Transaction ID: C6056380

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Richard C. Barron

Mailing Address 225 Tampico Glen

City Escondido State CA Zip Code 92025

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

Name of Employer Allen Barron Inc Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 22 / 2009

Transaction ID: C6088912

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Dewey L. L. Barton

Mailing Address 125 Sterling Oak Ln

City Mooresville State NC Zip Code 28117-6696

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 19 / 2009

Transaction ID: C6070488

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Herbert Beebe

Mailing Address PO Box 3458

City State Zip Code  
Las Cruces NM 88003-3458

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6057519

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Sanra J. Belkind

Mailing Address 18151 NE 31 Court  
817

City State Zip Code  
Aventura FL 33160

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6088734

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael R. Bell

Mailing Address 12 E Rowan Ave  
Ste 2

City State Zip Code  
Spokane WA 99207-1281

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

Name of Employer Self-Employed Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID:** C6088547

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ian Benham

Mailing Address 184 W Poplar Ave

City San Mateo State CA Zip Code 94402-1152

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

Name of Employer Kaiser Permanente Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID:** C6082066  
 Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Cecilia Benner

Mailing Address 121 Elm Park Ave

City Pleasant Rdg State MI Zip Code 48069-1044

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt: 04 / 15 / 2009  
**Transaction ID:** C6082942  
 Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles E. Bennett

Mailing Address 7411 Goshen Ct

City Manassas State VA Zip Code 20112

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 07 / 2009  
**Transaction ID:** C6061091  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Charles E. Bennett

Mailing Address 7411 Goshen Ct

City State Zip Code  
Manassas VA 20112

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	9

Transaction ID: C6061090

Amount of Each Receipt this Period  
85.00

**B.**

Full Name (Last, First, Middle Initial)  
John Bennett

Mailing Address 137 Seabreeze Ave

City State Zip Code  
Delray Beach FL 33483-7017

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

Name of Employer Occupation  
Mantime Protection Security Inc. Mantime Security

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: C6065597

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Toby Berger

Mailing Address 810 Gilliams Mountain Rd.

City State Zip Code  
Charlottesvle VA 22903

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

Name of Employer Occupation  
UVA Charlottesville Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 202.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	9

Transaction ID: C6075519

Amount of Each Receipt this Period  
50.00

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

235.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Georgianna M. Bergeron

Mailing Address PO Box 333

City State Zip Code  
Onyx CA 93255-0333

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6083176

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Fred M.. M. Bering

Mailing Address 3366 Meadow Rdg

City State Zip Code  
Redding CT 06896-3229

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6058122

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Michael S. Berman

Mailing Address 2801 New Mexico Ave NW  
Apt 817

City State Zip Code  
Washington DC 20007-3910

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

Name of Employer Duberstein Group, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6056393

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Emilie W Betts

Mailing Address 23 Valley Rd

City State Zip Code  
Norwalk CT 06854-5011

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

**Transaction ID:** C6064395

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Bezrodny

Mailing Address 465 14th Ave  
Apt 9

City State Zip Code  
San Francisco CA 94118-2802

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

**Transaction ID:** C6082772

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Bezrodny

Mailing Address 465 14th Ave  
Apt 9

City State Zip Code  
San Francisco CA 94118-2802

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6077681

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jean-Paul Bierny

Mailing Address 15 E Calle Conquista

City State Zip Code  
Tucson AZ 85716-4908

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

Name of Employer Radiology Ltd Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6070416

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Jean-Paul Bierny

Mailing Address 15 E Calle Conquista

City State Zip Code  
Tucson AZ 85716-4908

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

Name of Employer Radiology Ltd Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6088790

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Lee Bird

Mailing Address PO Box 56

City State Zip Code  
Washington VA 22747-0056

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6062032

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary I. Bird

Mailing Address 302 N 4th Ave

City State Zip Code  
Abbotsford WI 54405-9727

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

Transaction ID: C6088771

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary I. Bird

Mailing Address 302 N 4th Ave

City State Zip Code  
Abbotsford WI 54405-9727

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

Transaction ID: C6088772

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Budd Harris Bishop

Mailing Address PO Box 258

City State Zip Code  
Livingston TN 38570-0258

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

Transaction ID: C6058580

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Sydelle Blatt

Mailing Address 734 Yokum Pond Rd

City State Zip Code  
Becket MA 01223-9752

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6080942

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Lisa A. Blue-Baron

Mailing Address 5950 Deloache Ave

City State Zip Code  
Dallas TX 75225-3005

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

Name of Employer Information Requested Occupation Information Requested  
Baron and Blue Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056491

Amount of Each Receipt this Period

25000.00

**C.**

Full Name (Last, First, Middle Initial)  
Amy M. Blumenthal

Mailing Address 3500 Oak Lawn Ave  
Ste 400

City State Zip Code  
Dallas TX 75219-4343

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

Name of Employer Information Requested Occupation Information Requested  
Self-Employed Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056458

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

26500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Barbara Blywise

Mailing Address 31849 48th Circle SW

City State Zip Code  
Federal Way WA 98023

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

Name of Employer Self-Employed Occupation  
Mental Health Counselor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 9

Transaction ID: C6090136

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Alma Bonar

Mailing Address 253 E 3rd St

City State Zip Code  
El Paso IL 61738

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

Name of Employer Information Requested Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: C6084314

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Alma Bonar

Mailing Address 253 E 3rd St

City State Zip Code  
El Paso IL 61738

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

Name of Employer Information Requested Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: C6084313

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **370.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 2319 Clayton St

City State Zip Code  
Macon GA 31204

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6075811

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Curtis C. Bondurant

Mailing Address 9551 NE New Brooklyn Rd

City State Zip Code  
Bainbridge Island WA 98110-3618

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6083545

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Angie Bosetti

Mailing Address P.O. Box 437

City State Zip Code  
Sparta NJ 07871

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6085001

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Colin I. Bowrey

Mailing Address 14569 167th St

City State Zip Code  
Jamaica NY 11434

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 282.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6084856

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Montie Box

Mailing Address PO Box 98  
1025 N. Woodland Pl

City State Zip Code  
Sand Springs OK 74063

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

Name of Employer Information Requested Occupation Information Requested  
Montie Box Real Estate Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 9

**Transaction ID:** C6007335

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Bill Boyd

Mailing Address PO Box 1179

City State Zip Code  
McKinney TX 75070-8148

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

Name of Employer Information Requested Occupation Information Requested  
Boyd Veigel, PC Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056468

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Margie E. Boyles

Mailing Address 2426 N Terrace Ave

City State Zip Code  
Milwaukee WI 53211-4511

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 04 / 19 / 2009  
Transaction ID: C6070939  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Brad Brady

Mailing Address 1570 Shady Ct NW

City State Zip Code  
Swisher IA 52338-9456

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

Name of Employer Brady and O'Shea Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056507  
Amount of Each Receipt this Period: 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Charles M. Brain

Mailing Address 6528 Ivy Hill Drive

City State Zip Code  
Mc Lean VA 22101-5204

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

Name of Employer Capitol Hill Strategies Occupation Legislative Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 22 / 2009  
Transaction ID: C6056364  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 147 Silver Springs Rd

City State Zip Code  
Bailey CO 80421

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Occupation  
Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6090195

Amount of Each Receipt this Period 35.00

**B.** Full Name (Last, First, Middle Initial)  
David Bravender

Mailing Address PO Box 250

City State Zip Code  
Freeland WA 98249-0250

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

**Transaction ID:** C6090047

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
David Bravender

Mailing Address PO Box 250

City State Zip Code  
Freeland WA 98249-0250

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C6089315

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 110.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address PO Box 250

City Freeland State WA Zip Code 98249-0250

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2009

Transaction ID: C6089316

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
David Bravender

Mailing Address PO Box 250

City Freeland State WA Zip Code 98249-0250

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 29 / 2009

Transaction ID: C6089317

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Lisa Breslau

Mailing Address 1424 38th Street

City Sacramento State CA Zip Code 95816

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056441

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Esther Breslow

Mailing Address 44 W 77th St  
# 9E

City State Zip Code  
New York NY 10024-5150

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

Name of Employer Occupation  
Wull Medical College Cornell Professor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

Transaction ID: C6063101

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Curtis F. Brewer

Mailing Address 510 E 86th St  
Apt 17A

City State Zip Code  
New York NY 10028-7508

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

Name of Employer Occupation  
Albert Einstein College of Medicine Professor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: C6074793

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Tim Bridge

Mailing Address 60 Robinhood Dr

City State Zip Code  
San Francisco CA 94127

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

Transaction ID: C6084161

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 86 Kings Hwy

City Hancock State NH Zip Code 03449-5115

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

Name of Employer Self-Employed Occupation Photographer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 22 / 2009

**Transaction ID:** C6088944

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
W. F. Brissenden

Mailing Address 1400 S Bates Ave

City Springfield State IL Zip Code 62704-3346

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2009

**Transaction ID:** C6071239

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy Britz

Mailing Address 154 Topsfield Rd  
11 Tall Pine Rd.

City Ipswich State MA Zip Code 01938-1678

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

Name of Employer Self-Employed Occupation Grower

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 21 / 2009

**Transaction ID:** C6068930

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 2025 E. Lincoln St  
Apt. 1303

City Bloomington State IL Zip Code 61701

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6090612

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Ernie P. Broussard

Mailing Address 318 Morris Ave,  
P.O. Box 360

City Estherwood State LA Zip Code 70534

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

Name of Employer Self-Employed Occupation Sabs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6089109

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Larry Brown

Mailing Address P.O. Box 4451

City Honolulu State HI Zip Code 96812

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6075806

Amount of Each Receipt this Period  
160.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **485.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Melissa C. Brown

Mailing Address 2315 Capitol Ave

City Sacramento State CA Zip Code 95816-5812

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

Name of Employer Farrell Fraulob & Brown Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056420

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Phyllis J. Brown

Mailing Address 4285 Bannock Hwy

City Pocatello State ID Zip Code 83204-4523

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 19 / 2009

Transaction ID: C6088512

Amount of Each Receipt this Period 60.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas W. Brown

Mailing Address 4241 N Sand Rd

City Hershey State NE Zip Code 69143-5322

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

Name of Employer Self-Employed Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2009

Transaction ID: C6070282

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1310.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Anne M. Brownell  
 Mailing Address 122 Duke's County Ave.  
 City State Zip Code  
Oak Bluffs MA 02557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation  
Mental Health Counselor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9  
**Transaction ID:** C6061581  
 Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Preston Browning  
 Mailing Address PO Box 2006  
 City State Zip Code  
Ashfield MA 01330-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation  
Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9  
**Transaction ID:** C6082427  
 Amount of Each Receipt this Period 38.00

**C.** Full Name (Last, First, Middle Initial)  
Preston Browning  
 Mailing Address PO Box 2006  
 City State Zip Code  
Ashfield MA 01330-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation  
Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9  
**Transaction ID:** C6082428  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 488.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 551  
(check only one)

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

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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Donne Brownsey

Mailing Address 6406 Oakridge Way

City State Zip Code  
Sacramento CA 95831-2234

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

Name of Employer Occupation  
Sacramento Advocates Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: C6056428

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
David Bugatto

Mailing Address 4425 I Street

City State Zip Code  
Sacramento CA 95819

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

Name of Employer Occupation  
Alleghany Properties Investments

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

Transaction ID: C6056387

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Brooks R. Burdette

Mailing Address 919 3rd Ave.

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

Transaction ID: C6080060

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Philip M. Burger

Mailing Address 26622 W Greentree Ct

City Olathe State KS Zip Code 66061-7319

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

Name of Employer Burger & Brown Engr Occupation Engineer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 22 / 2009  
**Transaction ID: C6090063**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ron Burkle

Mailing Address 9130 W Sunset Blvd

City Los Angeles State CA Zip Code 90069-3110

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

Name of Employer The Yucaipa Companies LLC Occupation Managing Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 04 / 09 / 2009  
**Transaction ID: C6007350**  
 Amount of Each Receipt this Period 30400.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Burman

Mailing Address 5450 Whitley Park Ter Apt. 612

City Bethesda State MD Zip Code 20814-2056

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

Name of Employer Burman Properties Inc. Occupation Real Estate

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 19 / 2009  
**Transaction ID: C6062490**  
 Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30705.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 3350 Cherry Hills Ct  
Apt A303

City State Zip Code  
Fairfield CA 94534-7859

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6057770

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Lester Buster

Mailing Address 3350 Cherry Hills Ct  
Apt A303

City State Zip Code  
Fairfield CA 94534-7859

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6057771

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Alice Butterworth

Mailing Address 907 W Milborn St

City State Zip Code  
Marion IN 46952-1354

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

Name of Employer Self-Employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6069575

Amount of Each Receipt this Period  
64.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **189.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Miriam B. Butterworth

Mailing Address 81 Sunset Farm Rd

City State Zip Code  
West Hartford CT 06107-1332

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 311.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6058927

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Constance Cabell

Mailing Address 10932 172nd St  
Uppr

City State Zip Code  
Jamaica NY 11433-3032

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.00

Date of Receipt

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

Transaction ID: C6065238

Amount of Each Receipt this Period  
120.00

**C.**

Full Name (Last, First, Middle Initial)  
Constance Cabell

Mailing Address 10932 172nd St  
Uppr

City State Zip Code  
Jamaica NY 11433-3032

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.00

Date of Receipt

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

Transaction ID: C6065240

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 10932 172nd St  
Uppr

City State Zip Code  
Jamaica NY 11433-3032

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6065239

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
Wiener Cadet

Mailing Address 8394 Cannonwood Ln.

City State Zip Code  
Jacksonville FL 32216

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

Name of Employer Occupation  
U.S Army Corps of Engineers Civil Engineer

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6065950

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Edward A. Cage

Mailing Address 944 Yeoman St.

City State Zip Code  
Waukegan IL 60085

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6057168

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1020.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
Doreen Cahoon

Mailing Address 2490 Fairmount Blvd.

City	State	Zip Code
Cleveland	OH	44106

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

Name of Employer N/A	Occupation Homemaker
-------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6079476

Amount of Each Receipt this Period  
300.00

B.

Full Name (Last, First, Middle Initial)  
William Calhoun

Mailing Address 7204 Wellington Dr

City	State	Zip Code
Knoxville	TN	37919-5936

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6077560

Amount of Each Receipt this Period  
150.00

C.

Full Name (Last, First, Middle Initial)  
William Calhoun

Mailing Address 7204 Wellington Dr

City	State	Zip Code
Knoxville	TN	37919-5936

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

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

Transaction ID: C6082638

Amount of Each Receipt this Period  
150.00

SUBTOTAL of Receipts This Page (optional) ..... ▶

600.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John W. Callender

Mailing Address 10833 Folsom Blvd., #240  
Rancho Cordova

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 0 9

**Transaction ID:** C6091337

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Leonard Cargan

Mailing Address 209 Whitehall Dr

City Yellow Spgs State OH Zip Code 45387-1936

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6068452

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Elsie R. Carr

Mailing Address 100 Thorndale Dr  
Apt 306

City San Rafael State CA Zip Code 94903-4569

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6062848

Amount of Each Receipt this Period  
510.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **845.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Dorothy E. Cecil		Date of Receipt MM / DD / YYYY 04 / 28 / 2009
Mailing Address 500 E Marylyn Ave Apt F95		<b>Transaction ID:</b> C6074747
City State Zip Code State College PA 16801-6223	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer N/A Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

**B.**

Full Name (Last, First, Middle Initial) Joanna L. Challacombe		Date of Receipt MM / DD / YYYY 04 / 22 / 2009
Mailing Address 11 S Wille St Apt 502		<b>Transaction ID:</b> C6089946
City State Zip Code Mount Prospect IL 60056-3151	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

**C.**

Full Name (Last, First, Middle Initial) Paul Chapin		Date of Receipt MM / DD / YYYY 04 / 01 / 2009
Mailing Address 829 Gonzales Rd		<b>Transaction ID:</b> C6089077
City State Zip Code Santa Fe NM 87501-8924	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00
Name of Employer N/A Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	170.00
<b>TOTAL</b> 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 43 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Paul Chapin

Mailing Address 829 Gonzales Rd

City State Zip Code  
Santa Fe NM 87501-8924

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: C6089078

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Julie Anne Chase

Mailing Address 1546 32nd Street, NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
Chase Communications President

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

Date of Receipt

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

Transaction ID: C6007453

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Hazem H Chehabi

Mailing Address 145 Irvine Cove Court

City State Zip Code  
Laguna Beach CA 92651

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

Name of Employer Occupation  
Newport Diagnostic Center President

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056444

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6100.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 25 Bonner St

City State Zip Code  
Stamford CT 06902-6609

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

Name of Employer Information Requested Occupation  
Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6064610

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Chorchiel

Mailing Address 377 Smith St. # 6

City State Zip Code  
Perth Amboy NJ 08861

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

Name of Employer Occupation  
Century Distribution Corporation Ediso Warehouse Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6078844

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Chorchiel

Mailing Address 377 Smith St. # 6

City State Zip Code  
Perth Amboy NJ 08861

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

Name of Employer Occupation  
Century Distribution Corporation Ediso Warehouse Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6078842

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **340.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 551  
(check only one)

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

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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michael Chorchiel

Mailing Address 377 Smith St. # 6

City Perth Amboy State NJ Zip Code 08861

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

Name of Employer Century Distribution Corporation Ediso Occupation Warehouse Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6078843

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)  
Myra Chow

Mailing Address 54 Shell Rd

City Mill Valley State CA Zip Code 94941-1550

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

Name of Employer Self-Employed Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6007456

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Toni Christianson

Mailing Address 17544 Valentine Rd

City Mount Vernon State WA Zip Code 98273-7196

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

Name of Employer Christianson's Nursery Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6057978

Amount of Each Receipt this Period  
209.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **724.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Yon K. Chung

Mailing Address 8220 Topanga Canyon Blvd.

City State Zip Code  
Canoga Park CA 91304

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6060605

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Deb Cirksena

Mailing Address 2025 Sewell St

City State Zip Code  
Lincoln NE 68502-3847

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

Name of Employer Self-Employed Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6063810

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Cloobek

Mailing Address 3745 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89109-4308

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

Name of Employer Diamond Resorts Occupation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 30400.00

Date of Receipt

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

Transaction ID: C6007333

Amount of Each Receipt this Period

30400.00

**SUBTOTAL** of Receipts This Page (optional) .....

30900.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 500 Bayview Dr  
Apt. 1120

City Sunny Isles Beach State FL Zip Code 33160-4710

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 14 / 2009  
**Transaction ID: C6007352**  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Marsha Cohen

Mailing Address 2201 Lyon St

City San Francisco State CA Zip Code 94115-1008

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

Name of Employer University of California Occupation Professor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 04 / 27 / 2009  
**Transaction ID: C6056385**  
 Amount of Each Receipt this Period: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Michele Colella

Mailing Address 2138 63rd St

City Brooklyn State NY Zip Code 11204-3058

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID: C6059677**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Joanne Coleman

Mailing Address PO Box 768

City Farmersville State TX Zip Code 75442-0768

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

Name of Employer First Bank Farmersville TX Occupation Real Estate Loan Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 04 / 10 / 2009

Transaction ID: C6069983

Amount of Each Receipt this Period: 230.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Colwell

Mailing Address 2030 Karren Ln

City Carlsbad State CA Zip Code 92008-2726

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 04 / 19 / 2009

Transaction ID: C6062734

Amount of Each Receipt this Period: 55.00

**C.**

Full Name (Last, First, Middle Initial)  
Janet Conn

Mailing Address 5804 Oak Ln

City Edina State MN Zip Code 55436-2229

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

Name of Employer Target Corp Occupation Payroll System Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 21 / 2009

Transaction ID: C6061886

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **535.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Frances D. Cook

Mailing Address 767 NW 18th St

City State Zip Code  
Homestead FL 33030-4051

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6069425

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Cynthia Cooper

Mailing Address 100 Fieldstone Ct

City State Zip Code  
Chapel Hill NC 27514-9556

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

Name of Employer N/A Occupation Disabled

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6064788

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas E. Cooper

Mailing Address PO Box 234  
P.O. Box 234

City State Zip Code  
Iuka MS 38852-0234

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6062199

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Edward A. Copley

Mailing Address 1700 Pacific  
Suite 4100

City State Zip Code  
Dallas TX 75201-4675

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

Name of Employer Occupation  
Akin Gump Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056470

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles S. Cox

Mailing Address 12926 Via Grimaldi

City State Zip Code  
Del Mar CA 92014-3726

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: C6089995

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory F. Cox

Mailing Address 2665 Long Street

City State Zip Code  
Beaumont TX 77707-1214

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

Name of Employer Occupation  
Mostyn Law Firm Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056473

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ann W. Craig

Mailing Address 260 Oak St

City State Zip Code  
Oberlin OH 44074-1518

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6088654

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Vivian Cress

Mailing Address 1985 Graeagle Ln

City State Zip Code  
Lincoln CA 95648-8683

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 9

**Transaction ID:** C6090056

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrew S. Crichton

Mailing Address PO Box 129

City State Zip Code  
Bondville VT 05340-0129

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C6083082

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ashle Crocker

Mailing Address 6120 4th Ave

City State Zip Code  
Sacramento CA 95817

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

Name of Employer Remy, Thomas, Mouse, Manley  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056515

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Crocker

Mailing Address 316 Singing Brook Cir.

City State Zip Code  
Santa Rosa CA 95409

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6076880

Amount of Each Receipt this Period  
208.00

**C.**

Full Name (Last, First, Middle Initial)  
Margareth Crosnier de Bellaistre

Mailing Address 20-43 Seagirt Blvd #4!

City State Zip Code  
Far Rockaway NY 11691

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

Name of Employer DFMS  
Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6089446

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1228.00**

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

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

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

FOR LINE NUMBER: PAGE 53 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Margareth Crosnier de Bellaistre

Mailing Address 20-43 Seagirt Blvd #4!

City State Zip Code  
Far Rockaway NY 11691

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

Name of Employer DFMS Occupation Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 04 / 15 / 2009  
Transaction ID: C6089447  
Amount of Each Receipt this Period: 10.00

**B.** Full Name (Last, First, Middle Initial)  
Margareth Crosnier de Bellaistre

Mailing Address 20-43 Seagirt Blvd #4!

City State Zip Code  
Far Rockaway NY 11691

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

Name of Employer DFMS Occupation Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: C6089448  
Amount of Each Receipt this Period: 35.00

**C.** Full Name (Last, First, Middle Initial)  
Areta Crowell

Mailing Address 2934 N Beachwood Dr

City State Zip Code  
Los Angeles CA 90068-1926

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 04 / 19 / 2009  
Transaction ID: C6067865  
Amount of Each Receipt this Period: 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Ian M. Cumming

Mailing Address PO Box 4902

City State Zip Code  
Jackson WY 83001

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

Name of Employer Occupation  
Leucadia National Corporation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
23300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6007448

Amount of Each Receipt this Period

23300.00

**B.**

Full Name (Last, First, Middle Initial)

James Cummings

Mailing Address 1180 Union St  
# 2

City State Zip Code  
San Francisco CA 94109-2019

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

Name of Employer Occupation  
Towers Perrin Principal

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6090044

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rosalie Cuneo Amer

Mailing Address 5524 Caleb Ave.

City State Zip Code  
Sacramento CA 95819

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

Name of Employer Occupation  
Los Rios CC District Professor

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056452

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

24400.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael K. Curtis

Mailing Address 201 E Avondale Drive

City Greensboro State NC Zip Code 27403

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

Name of Employer WFU Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 19 / 2009

**Transaction ID: C6088581**

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Carol Joan Cutter

Mailing Address 910 S Sierra Vista Ave.

City Alhambra State CA Zip Code 91801

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

Name of Employer Self-Employed Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2009

**Transaction ID: C6073144**

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Carl James Dahn

Mailing Address 2704 George Ct

City Rolling Meadows State IL Zip Code 60008-1713

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 01 / 2009

**Transaction ID: C6090686**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

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

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

FOR LINE NUMBER: PAGE 56 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Carl James Dahn

Mailing Address 2704 George Ct

City State Zip Code  
Rolling Meadows IL 60008-1713

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C6090687

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Violette F. Dailey

Mailing Address 3621 N 68th St

City State Zip Code  
Scottsdale AZ 85251-5311

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6065634

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
Margaret J. Dalal

Mailing Address 1633 Webster St

City State Zip Code  
Palo Alto CA 94301-3852

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6059600

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **720.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Muriel R. Danis

Mailing Address 12 Maynard St. Apt. 3

City State Zip Code  
Putnam CT 06260

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6084672

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Muriel R. Danis

Mailing Address 12 Maynard St. Apt. 3

City State Zip Code  
Putnam CT 06260

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C6084671

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Elinore Darland

Mailing Address 3094 Hendricks Hill Dr

City State Zip Code  
Eugene OR 97403-3202

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6068959

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
C. Duane Dauner

Mailing Address 1215 K St  
Suite 800

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation  
California Hospital Assoc- President  
iation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056414

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Roberta Davidson

Mailing Address 532 N Central Ave.

City State Zip Code  
Prestonsburg KY 41653

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 527.80

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6060959

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Melinda Davis

Mailing Address 228 Laurel Ct

City State Zip Code  
Dawson GA 39842-4311

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6065610

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 238 Glenwood Ave.

City State Zip Code  
East Orange NJ 07017

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6074291

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Lucille D. Deckman

Mailing Address 149 Wyndham Way  
Apt 116

City State Zip Code  
Petaluma CA 94954-3865

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6083353

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Tadesse Degeta

Mailing Address 3118 S Granby Way

City State Zip Code  
Aurora CO 80014-3837

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

Name of Employer Barton Protective Service Occupation Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6059289

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Frank Dellorso

Mailing Address 24 Greenwood Lane

City Valhalla State NY Zip Code 10595

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

Name of Employer Villa Construction Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C6007341

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Aaron J. DeLuca

Mailing Address 19414 Bremerton Lane

City Spring State TX Zip Code 77388

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056459

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dwain Dent

Mailing Address 1120 Penn St

City Fort Worth State TX Zip Code 76102-3417

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056502

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3500.00**

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

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

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

FOR LINE NUMBER: PAGE 61 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
J K. Derden  
 Mailing Address 123 Barley Rd  
 City Arcata State CA Zip Code 95521  
 Date of Receipt 04 / 17 / 2009  
**Transaction ID:** C6059214  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Humboldt State University Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**B.** Full Name (Last, First, Middle Initial)  
R Neil Dickman  
 Mailing Address 2623 O St NW  
 City Washington State DC Zip Code 20007-3124  
 Date of Receipt 04 / 14 / 2009  
**Transaction ID:** C6083057  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 350.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis W. Dickson  
 Mailing Address 13919 Shipwreck Cir N  
 City Jacksonville State FL Zip Code 32224-1121  
 Date of Receipt 04 / 30 / 2009  
**Transaction ID:** C6077859  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 425.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Sharon L. Dishman

Mailing Address 5331 Carmen Way

City State Zip Code  
Sacramento CA 95822

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

Name of Employer Self-Employed Occupation  
Caretaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056434

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Abida Diwan

Mailing Address 6365 Collins Ave  
Apt 1602

City State Zip Code  
Miami Beach FL 33141

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

Name of Employer N/A Occupation  
Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6089194

Amount of Each Receipt this Period  
35.00

**C.**

Full Name (Last, First, Middle Initial)  
Eileen C. Doherty

Mailing Address 3632 N Janssen Ave

City State Zip Code  
Chicago IL 60613

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

Name of Employer IBM Occupation  
Director, BT CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6089771

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1135.00**

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

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

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

FOR LINE NUMBER: PAGE 63 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 2641 Nichols Canyon Road

City State Zip Code  
Los Angeles CA 90046

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Bryan Cave Law Offices Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 9500.00

Date of Receipt MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID:** C6056352

Amount of Each Receipt this Period 2375.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher J. Donatelli

Mailing Address 3031 Gates Rd NW

City State Zip Code  
Washington DC 20008-2118

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Donatelli Development Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056432

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Bea Donis

Mailing Address 11714 Lake Aston Ct.  
Apt. 110

City State Zip Code  
Tampa FL 33626

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6090132

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3475.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Dan Dooley		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 927 Sierra Park Lane		<b>Transaction ID:</b> C6056416
City Sacramento	State CA	Zip Code 95864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of California	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Diana S. Dooley		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 927 Sierra Park Lane		<b>Transaction ID:</b> C6056417
City Sacramento	State CA	Zip Code 95864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer California Childrens Hospital	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Barbara E. Doran		Date of Receipt MM / DD / YYYY 04 / 19 / 2009
Mailing Address 1107 Dale Dr		<b>Transaction ID:</b> C6064397
City Silver Spring	State MD	Zip Code 20910-1607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Executive Office Of The President	Occupation Info Tech Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2060.00
<b>TOTAL</b> 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 65 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Erl Dordal		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 505 N Lake Shore Dr Apt 290		<b>Transaction ID:</b> C6056634
City Chicago	State IL	Zip Code 60611-3427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 270.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**B.**

Full Name (Last, First, Middle Initial) Roderick Dorman		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
Mailing Address 4033 Chevy Chase Dr.		<b>Transaction ID:</b> C6060547
City La Canada Flintrid	State CA	Zip Code 91011
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) James M. Draper		Date of Receipt MM / DD / YYYY 04 / 01 / 2009
Mailing Address 30979 Peninsula Dr.		<b>Transaction ID:</b> C6090267
City Orange Beach	State AL	Zip Code 36561
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer N/A	Occupation Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>605.00</b>
<b>TOTAL</b> 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 66 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Roger A. Dreyer

Mailing Address 7030 Grant Ave

City State Zip Code  
Carmichael CA 95608-2866

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

Name of Employer Occupation  
Dreyer Babich Buccola Cal- lahah & Wood Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056422

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Martin Dreyfuss

Mailing Address 131 Embarcadero W  
Apt 3107

City State Zip Code  
Oakland CA 94607-3765

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6064765

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Philip L. Driscoll

Mailing Address 5526 Greening Ln.

City State Zip Code  
Madison WI 53705

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

Name of Employer Occupation  
Driscoll Ent Inc. Construction

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C6075729

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) June Ann Drygas</p> <p>Mailing Address 4515 Star Ranch Road</p> <p>City State Zip Code Colorado Springs CO 80906</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 07 / 2009</span></p> <p><b>Transaction ID:</b> C6060913</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">120.00</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) William E. Dufford</p> <p>Mailing Address 101 S Edisto Ave</p> <p>City State Zip Code Columbia SC 29205-3301</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 16 / 2009</span></p> <p><b>Transaction ID:</b> C6068545</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Sandra Kay Dunn</p> <p>Mailing Address 3001 Marlynn St</p> <p>City State Zip Code Carmichael CA 95608-4529</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Somach, Simmons And Dunn Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 27 / 2009</span></p> <p><b>Transaction ID:</b> C6056403</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1270.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Dunson

Mailing Address 7104 Karen Ln.

City State Zip Code  
Joshua TX 76058

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6060863

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert R. Dyson

Mailing Address 3625 Route 82

City State Zip Code  
Millbrook NY 12545-6041

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

Name of Employer Dyson, Kissner, Moran Corp. Occupation Chairman & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C6007429

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
William C. Eakin

Mailing Address 706 Highland Ave NE

City State Zip Code  
Atlanta GA 30312-1426

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

Name of Employer Self-Employed Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6077162

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 13801 York Rd  
Apt D5

City State Zip Code  
Cockeysville MD 21030-1835

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6062872

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew Egan

Mailing Address Box 91892133

City State Zip Code  
Sioux Falls SD 57186

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

Name of Employer University of Michigan Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6090395

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Joanne H. Egerman

Mailing Address 77 Westcliff Rd

City State Zip Code  
Weston MA 02493-1409

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056527

Amount of Each Receipt this Period  
1900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul Egerman  
Mailing Address 77 Westcliff Rd  
City Weston State MA Zip Code 02493-1409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer eScription, Inc. Occupation Chairman & Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 30400.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056526  
Amount of Each Receipt this Period 1900.00

**B.** Full Name (Last, First, Middle Initial)  
Anne H. Ehrlich  
Mailing Address 936 Valdez Pl  
City Stanford State CA Zip Code 94305-1076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Stanford University Occupation Sr Research Scientist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 17 / 2009  
Transaction ID: C6077974  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Anne H. Ehrlich  
Mailing Address 936 Valdez Pl  
City Stanford State CA Zip Code 94305-1076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Stanford University Occupation Sr Research Scientist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6074066  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 71 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
E. Bartlett Ekren

Mailing Address 4260 US Highway 12 E

City State Zip Code  
White Sulphur Spri MT 59645-9630

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	9

**Transaction ID:** C6071071

Amount of Each Receipt this Period  
160.00

**B.** Full Name (Last, First, Middle Initial)  
E. Bartlett Ekren

Mailing Address 4260 US Highway 12 E

City State Zip Code  
White Sulphur Spri MT 59645-9630

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** C6065024

Amount of Each Receipt this Period  
160.00

**C.** Full Name (Last, First, Middle Initial)  
Carol H. Ellis

Mailing Address 1103 Lore Ave.

City State Zip Code  
Wilmington DE 00001-9809

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

Name of Employer State of Delaware Occupation Division Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	0	9

**Transaction ID:** C6085549

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **820.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary R. Ely

Mailing Address 5441 E 131st Ave.

City Anchorage State AK Zip Code 99516

FEC ID number of contributing federal political committee. C

Name of Employer Anchorage School District Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 28 / 2009

**Transaction ID:** C6084412

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerry Enomoto

Mailing Address 310 Vista Cove Cir

City Sacramento State CA Zip Code 95835-2003

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 14 / 2009

**Transaction ID:** C6007437

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jerry Enomoto

Mailing Address 310 Vista Cove Cir

City Sacramento State CA Zip Code 95835-2003

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6063788

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Colleen Fain

Mailing Address 700 Arvida Pkwy

City State Zip Code  
Miami FL 33156-2325

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

Name of Employer Occupation  
N/A Homemaker

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

Date of Receipt

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

Transaction ID: C6056375

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Daryl R. Fair

Mailing Address 2 Highland Dr

City State Zip Code  
Yardley PA 19067-2702

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

Name of Employer Occupation  
The College Of New Jersey Information Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: C6058946

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Debbie Falic

Mailing Address 6100 Hollywood Blvd

City State Zip Code  
Hollywood FL 33024-7900

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

Name of Employer Occupation  
N/A Homemaker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056481

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6050.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 9999 Collins Ave  
Apt 3A

City State Zip Code  
Bal Harbour FL 33154-1832

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056521

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Jerome Falic

Mailing Address 6100 Hollywood Blvd

City State Zip Code  
Hollywood FL 33024-7900

FEC ID number of contributing federal political committee. C

Name of Employer World Duty Free Occupation Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056482

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Leon S. Falic

Mailing Address 145 Biscay Dr

City State Zip Code  
Bal Harbour FL 33154-1322

FEC ID number of contributing federal political committee. C

Name of Employer Duty Free America Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056514

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 15000.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 9999 Collins Avenue  
Apt. 3A

City State Zip Code  
Bal Harbour FL 33154

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** C6056516

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Simon Falic

Mailing Address 150 Harbour Way

City State Zip Code  
Bal Harbour FL 33154-1333

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

Name of Employer Duty-Free America Occupation Chairman

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7925.00

Date of Receipt  

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

**Transaction ID:** C6056492

Amount of Each Receipt this Period  
2925.00

\* In-Kind: payment for event over \$4000 allotted for house parties

**C.** Full Name (Last, First, Middle Initial)  
Simon Falic

Mailing Address 150 Harbour Way

City State Zip Code  
Bal Harbour FL 33154-1333

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

Name of Employer Duty-Free America Occupation Chairman

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7925.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** C6056496

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12925.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Terrence E. Fancher

Mailing Address 660 W. Santa Inez Ave.

City Hillsborough State CA Zip Code 94010

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

Name of Employer Stockbridge Capital Group, LLC Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 04 / 27 / 2009

Transaction ID: C6056386

Amount of Each Receipt this Period 30400.00

**B.**

Full Name (Last, First, Middle Initial)  
Emmanuel Farber

Mailing Address 3600 Chateau Dr Apt 105

City Columbia State SC Zip Code 29204-3919

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 20 / 2009

Transaction ID: C6063394

Amount of Each Receipt this Period 270.00

**C.**

Full Name (Last, First, Middle Initial)  
Eloise K Farrell

Mailing Address 26012 Oakbay Rd

City Torrance State CA Zip Code 90505-7228

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 04 / 13 / 2009

Transaction ID: C6083227

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30705.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 312 Horizon Ln

City State Zip Code  
Oceanside CA 92056-4808

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

Name of Employer Self-Employed Occupation Author

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C6091271

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Sarah Faulkner

Mailing Address 108 Sumach St

City State Zip Code  
Lookout Mtn. TN 37350

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6090426

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Sarah Faulkner

Mailing Address 108 Sumach St

City State Zip Code  
Lookout Mtn. TN 37350

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2009

**Transaction ID:** C6090427

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Joel D. Fedder

Mailing Address 3590 Mistletoe Ln

City State Zip Code  
Longboat Key FL 34228-4102

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6062634

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Mildred Feinberg

Mailing Address PO Box 705

City State Zip Code  
Locust Valley NY 11560-0705

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6069341

Amount of Each Receipt this Period  
230.00

**C.**

Full Name (Last, First, Middle Initial)  
Frances G. Felton

Mailing Address 501 NW 166th St

City State Zip Code  
Edmond OK 73003-6756

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6074989

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **385.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Searcy Ferguson  
Mailing Address 3737 Atwell Ste 206

City State Zip Code  
Dallas TX 75209

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

Name of Employer Self-Employed Occupation  
Oil Operator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056483  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Searcy Ferguson  
Mailing Address 3737 Atwell Ste 206

City State Zip Code  
Dallas TX 75209

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

Name of Employer Self-Employed Occupation  
Oil Operator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056497  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Cliff Ferry  
Mailing Address 288 W Cedar St

City State Zip Code  
Elko NV 89801-2921

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

Name of Employer N/A Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6068165  
Amount of Each Receipt this Period 65.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1565.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address PO Box 9547

City State Zip Code  
St Thomas VI 00801-2547

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

Name of Employer Occupation  
Dudley, Topper and Feuerzeig, LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	9

**Transaction ID:** C6091673

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Henry Feuerzeig

Mailing Address PO Box 9547

City State Zip Code  
St Thomas VI 00801-2547

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

Name of Employer Occupation  
Dudley, Topper and Feuerzeig, LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

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

**Transaction ID:** C6091704

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
William Finke

Mailing Address 29 Elinor Cir

City State Zip Code  
Waltham MA 02452-5712

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 525.00

Date of Receipt  

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

**Transaction ID:** C6082477

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

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



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

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

FOR LINE NUMBER: PAGE 81 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 29 Elinor Cir

City State Zip Code  
Waltham MA 02452-5712

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6062467

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth S. Fisher

Mailing Address 1 Maritime Plz  
Ste 1400

City State Zip Code  
San Francisco CA 94111-3504

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056445

Amount of Each Receipt this Period  
30400.00

**C.** Full Name (Last, First, Middle Initial)  
Edward B. Flaherty

Mailing Address 2105 20th Street  
No. 1

City State Zip Code  
San Francisco CA 94107

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

Name of Employer ENGEO Occupation Geologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID:** C6007455

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 31000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 551  
(check only one)

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

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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) George Flannery		Date of Receipt MM / DD / YYYY 04 / 21 / 2009
Mailing Address 1910 Knox Ave S		<b>Transaction ID:</b> C6070087
City Minneapolis	State MN	Zip Code 55403-2839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Janet Flapan		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 123 W Oak St Apt. N		<b>Transaction ID:</b> C6062690
City Chicago	State IL	Zip Code 60610-7834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Barbara G. Fleischman		Date of Receipt MM / DD / YYYY 04 / 01 / 2009
Mailing Address 870 United Nations Plz Apt 37C		<b>Transaction ID:</b> C6088957
City New York	State NY	Zip Code 10017-1827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> 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 83 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 7700 College Town Dr.  
#250

City State Zip Code  
Sacramento CA 95826

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

Name of Employer Self-Employed Occupation Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056426

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ruth M. Forbis

Mailing Address 8404 La Rouche Dr

City State Zip Code  
San Diego CA 92119-1907

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6058824

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Ruth M. Forbis

Mailing Address 8404 La Rouche Dr

City State Zip Code  
San Diego CA 92119-1907

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6062676

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
Terry H. Foreman

Mailing Address 1623 Sunset Dr

City	State	Zip Code
Murray	KY	42071-2221

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

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

Transaction ID: C6075037

Amount of Each Receipt this Period  
100.00

B.

Full Name (Last, First, Middle Initial)  
Terry H. Foreman

Mailing Address 1623 Sunset Dr

City	State	Zip Code
Murray	KY	42071-2221

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

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

Transaction ID: C6089678

Amount of Each Receipt this Period  
50.00

C.

Full Name (Last, First, Middle Initial)  
Frank C. Foster

Mailing Address 2998 Goldhill Rd

City	State	Zip Code
Fairbanks	AK	99709-2319

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

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6058013

Amount of Each Receipt this Period  
200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶

350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynda K. Fox

Mailing Address 19630 Juna Ln

City State Zip Code  
Saratoga CA 95070-6419

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	0	9

Transaction ID: C6090021

Amount of Each Receipt this Period

500.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Edna N. Frady

Mailing Address 102 Tollgate Way

City State Zip Code  
Falls Church VA 22046-3516

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 322.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	9

Transaction ID: C6069338

Amount of Each Receipt this Period

100.00
--------

**C.**

Full Name (Last, First, Middle Initial)

Rainold J. Franek

Mailing Address 400 Madrona Ave. SE Apt. 408

City State Zip Code  
Salem OR 97302

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	9

Transaction ID: C6073209

Amount of Each Receipt this Period

150.00
--------

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

750.00
--------

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary Frank

Mailing Address 445 Grand Bay Drive  
#1211

City State Zip Code  
Key Biscayne FL 33149

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

Transaction ID: C6056373

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ellen Fredel

Mailing Address 3195 Porter St NW

City State Zip Code  
Washington DC 20008-3210

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

Name of Employer Ellen A. Fredel, Pc Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

Transaction ID: C6090982

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
John Freidenrich

Mailing Address 300 Hamilton Avenue 4th Floor

City State Zip Code  
Palo Alto CA 94301-2573

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

Name of Employer Regis Management Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

Transaction ID: C6056350

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6250.00**

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

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

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

FOR LINE NUMBER: PAGE 87 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 990 Boulevard Of The Arts  
Apt 1702

City State Zip Code  
Sarasota FL 34236-4880

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6075188

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Beatrice Friedman

Mailing Address 990 Boulevard Of The Arts  
Apt 1702

City State Zip Code  
Sarasota FL 34236-4880

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6078233

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Phyllis K. Friedman

Mailing Address 119 Reservoir Rd

City State Zip Code  
Hillsborough CA 94010-6956

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C6064445

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 551  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert E. Friedman

Mailing Address 2275 Summit Dr

City Hillsborough State CA Zip Code 94010-6146

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

Name of Employer Corporation for Enterprise Dev. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 29 / 2009

Transaction ID: C6007449

Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Robert C. Friese

Mailing Address 1 Maritime Plaza #1800

City San Francisco State CA Zip Code 94111

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

Name of Employer Shartsis Friese LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 17 / 2009

Transaction ID: C6007441

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Gardon

Mailing Address 900 University St. Apt. 1102

City Seattle State WA Zip Code 98101

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 04 / 02 / 2009

Transaction ID: C6088837

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3600.00

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



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

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

FOR LINE NUMBER: PAGE 89 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 900 University St.  
Apt. 1102

City State Zip Code  
Seattle WA 98101

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C6088838

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Robert N. Garner

Mailing Address 315 Hemlock Cir

City State Zip Code  
Lincoln MA 01773-4923

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6062140

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Joan E. Garrison

Mailing Address 1080 Patterson St  
Apt 205

City State Zip Code  
Eugene OR 97401-3319

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6057937

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 551  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 414 Bryan Rd

City State Zip Code  
Ottumwa IA 52501-1107

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6058597

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
George Gaynes

Mailing Address 3344 Campanil Dr

City State Zip Code  
Santa Barbara CA 93109-1017

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

Name of Employer Occupation  
Gaynes McLerie, Inc. Actor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6057705

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Richard A. Gephardt

Mailing Address 822 Capitol Square PI SW

City State Zip Code  
Washington DC 20024

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

Name of Employer Occupation  
Gephardt Group President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6056392

Amount of Each Receipt this Period  
30400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
James F. Gerrits

Mailing Address 924 N Riverside Ave

City State Zip Code  
Saint Clair MI 48079-4265

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

**Transaction ID:** C6069803

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Ann G. Getty

Mailing Address 2880 Broadway St

City State Zip Code  
San Francisco CA 94115-1061

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

Name of Employer Self-Employed Occupation Interior Designer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 14289.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6007343

Amount of Each Receipt this Period  
14289.57

\* In-Kind: Event Expenses

**C.**

Full Name (Last, First, Middle Initial)  
Gordon Getty

Mailing Address 2880 Broadway St

City State Zip Code  
San Francisco CA 94115-1061

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

Name of Employer Self-Employed Occupation Philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 14289.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6007342

Amount of Each Receipt this Period  
14289.57

\* In-Kind: Event Expenses

**SUBTOTAL** of Receipts This Page (optional) ..... ► **28729.14**

**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 92 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 15 Gray Gdns W

City State Zip Code  
Cambridge MA 02138-2311

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

Name of Employer Self-Employed Occupation  
Self-Employed Poet

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6089645

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Scott K. Ginsburg

Mailing Address 4610 Isabella Ln

City State Zip Code  
Dallas TX 75229-5412

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

Name of Employer Occupation  
DG East Channel Inc. CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056456

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Joan D. Glatthorn

Mailing Address 6331 Camino De La Costa

City State Zip Code  
La Jolla CA 92037-6526

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6057640

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 93 / 551  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Dora H. Going

Mailing Address 601 5th Ave. E Apt. 319

City Tuscaloosa State AL Zip Code 35401

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 14 / 2009

**Transaction ID:** C6080534

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Goldenberg

Mailing Address 12938 Evanston St

City Los Angeles State CA Zip Code 90049-3715

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6057558

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Frederic Gooding

Mailing Address 8915 Montgomery Ave

City Chevy Chase State MD Zip Code 20815-4703

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

Name of Employer Force 3 Inc Occupation Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2009

**Transaction ID:** C6062911

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 94 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Barbara E. Goy

Mailing Address 2545 SW Terwilliger Blvd  
Apt. 906

City State Zip Code  
Portland OR 97201

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

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

**Transaction ID:** C6089030

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara E. Goy

Mailing Address 2545 SW Terwilliger Blvd  
Apt. 906

City State Zip Code  
Portland OR 97201

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	9

**Transaction ID:** C6089031

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Frederick H. Graefe

Mailing Address 319 Constitution Ave NE

City State Zip Code  
Washington DC 20002-5913

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

Name of Employer Law Offices of Frederick Graefe PLLC Occupation Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** C6056520

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2540.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 95 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Frederick H. Graefe

Mailing Address 319 Constitution Ave NE

City Washington State DC Zip Code 20002-5913

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

Name of Employer Law Offices of Frederick Graefe PLLC Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056522

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Steve Graham

Mailing Address 5231 Georgies Ln

City Chincoteague State VA Zip Code 23336-2233

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

Name of Employer N/A Occupation Disabled

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 09 / 2009

Transaction ID: C6060233

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Steve Graham

Mailing Address 5231 Georgies Ln

City Chincoteague State VA Zip Code 23336-2233

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

Name of Employer N/A Occupation Disabled

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 14 / 2009

Transaction ID: C6060232

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Alvin Gray

Mailing Address 15 Fairway Trl

City State Zip Code  
Moreland Hills OH 44022

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 213.80

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6075391

Amount of Each Receipt this Period

111.00

**B.**

Full Name (Last, First, Middle Initial)

Jonathan R. Green

Mailing Address 601 Chateau Dr  
4400 Oak Hill Rd. Apt. A

City State Zip Code  
Evansville IN 47715-4164

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

Name of Employer Occupation  
St Marys Medical Center Physician Assistant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: C6059140

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Jonathan R. Green

Mailing Address 601 Chateau Dr  
4400 Oak Hill Rd. Apt. A

City State Zip Code  
Evansville IN 47715-4164

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

Name of Employer Occupation  
St Marys Medical Center Physician Assistant

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C6090020

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

361.00

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



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

Use separate schedule(s)  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Anne S. Greenwald

Mailing Address 1503 Sheffield Lane

City Wynnewood State PA Zip Code 19096

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6074402

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Charles E. Griffith

Mailing Address PO Box 1409

City Alief State TX Zip Code 77411-1409

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

Name of Employer Klaus Union Inc. Occupation Application Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 27 / 2009

Transaction ID: C6061448

Amount of Each Receipt this Period 105.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Griswold

Mailing Address 85 Kingston Rd

City Kensington State CA Zip Code 94707-1321

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

Name of Employer Internal Revenue Service Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 08 / 2009

Transaction ID: C6090819

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 605.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Judith E. Grose

Mailing Address 2 palliser road

City Irvington State NY Zip Code 10533

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

Name of Employer Self-Employed Occupation Psychiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 01 / 2009

Transaction ID: C6089710

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Judith E. Grose

Mailing Address 2 palliser road

City Irvington State NY Zip Code 10533

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

Name of Employer Self-Employed Occupation Psychiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 09 / 2009

Transaction ID: C6089711

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Gary Gross

Mailing Address 5499 Glenn Lakes Drive Suite 100

City Dallas State TX Zip Code 75231

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

Name of Employer Self-Employed Occupation Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056464

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2350.00

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

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

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

FOR LINE NUMBER: PAGE 99 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Helen G. Grossman  
Mailing Address 140 Avenida Dr  
City Berkeley State CA Zip Code 94708-2125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 22 / 2009  
Transaction ID: C6077434  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Garrett Gruener  
Mailing Address PO Box 5018  
City Berkeley State CA Zip Code 94705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ATLA Partners Occupation Venture Capitalist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 30400.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056440  
Amount of Each Receipt this Period 30400.00

**C.** Full Name (Last, First, Middle Initial)  
Karel K. Guefen  
Mailing Address 702 N Maple Dr  
City Beverly Hills State CA Zip Code 90210-3411  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6065451  
Amount of Each Receipt this Period 210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30860.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 100 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
George Gund, III

Mailing Address 39 Mesa St  
Ste 300

City San Francisco State CA Zip Code 94129-1019

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

Name of Employer Self-Employed Occupation Philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: C6056381

Amount of Each Receipt this Period  
30400.00

**B.**

Full Name (Last, First, Middle Initial)  
Louise L. Gund

Mailing Address 41 The Plaza

City Berkeley State CA Zip Code 94705

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

Name of Employer Self-Employed Occupation Philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6007336

Amount of Each Receipt this Period  
30400.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory Gustafson

Mailing Address 11 Pine Hill Dr.

City South Salem State NY Zip Code 10590

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

Name of Employer Cardiovascular Associates of NY Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6089238

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60850.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
for each category of the  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Roberta Hadley  
 Mailing Address 4355 Emory Way  
 City State Zip Code  
 Livermore CA 94550-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 4 / 2 1 / 2 0 0 9  
**Transaction ID:** C6062881  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Hamermesh  
 Mailing Address 4101 Firstview Dr  
 City State Zip Code  
 Austin TX 78731-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Texas Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 0 9  
**Transaction ID:** C6089387  
 Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
John W. Hamilton  
 Mailing Address PO Box 143  
 City State Zip Code  
 Oakville CA 94562-0143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9  
**Transaction ID:** C6064743  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 102 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 2222 Avenue of the Stars

City State Zip Code  
Los Angeles CA 90067

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6061159  
Amount of Each Receipt this Period: 230.00

**B.** Full Name (Last, First, Middle Initial)  
Grace L. Hansen

Mailing Address 26880 Havelock Dr

City State Zip Code  
Dearborn Heights MI 48127-3639

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: C6082390  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Melinda Hardin

Mailing Address 7 Wharf St

City State Zip Code  
Alexandria VA 22314-3881

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 23 / 2009  
Transaction ID: C6065009  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1030.00

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

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

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

FOR LINE NUMBER: PAGE 103 / 551  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 7 Wharf St

City State Zip Code  
Alexandria VA 22314-3881

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6059866  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Veronica Hari

Mailing Address 21 Park Ave

City State Zip Code  
Wethersfield CT 06109-1630

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6086339  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Lorraine Hariton

Mailing Address PO Box 1707

City State Zip Code  
Los Altos CA 94023

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

Name of Employer Xeolux Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: C6007454  
Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Hugh Harless  
Mailing Address 4215 W Beach Park Dr  
City Tampa State FL Zip Code 33609-3813  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 21 / 2009  
Transaction ID: C6062697  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Martin A. Harmon  
Mailing Address 4020 Sierra College Blvd Ste 200  
City Rocklin State CA Zip Code 95677-3906  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Western Care Construction Occupation Businessman  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 04 / 20 / 2009  
Transaction ID: C6056361  
Amount of Each Receipt this Period 10000.00

**C.** Full Name (Last, First, Middle Initial)  
Evelyn B. Harris  
Mailing Address 39 Old Sudbury Rd  
City Lincoln State MA Zip Code 01773-4806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Musician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00  
Date of Receipt 04 / 19 / 2009  
Transaction ID: C6062506  
Amount of Each Receipt this Period 51.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10351.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 105 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
George F. Harrison

Mailing Address 111 Duncannon Rd

City State Zip Code  
Bel Air MD 21014-5624

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6090766

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas R. Harrison

Mailing Address 2440 Greenwich St

City State Zip Code  
San Francisco CA 94123-3306

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

Name of Employer Laborers Union Local 261 Sf Ca Occupation Union Rep

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6059662

Amount of Each Receipt this Period  
105.00

**C.** Full Name (Last, First, Middle Initial)  
Jack Hartley

Mailing Address PO Box 36 Unit 12

City State Zip Code  
Alpine AZ 85920-0036

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6058595

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **305.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jack Hartley

Mailing Address PO Box 36  
Unit 12

City Alpine State AZ Zip Code 85920-0036

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6057479

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Eileen Hayward

Mailing Address PO Box 352139  
Apt. 331

City Palm Coast State FL Zip Code 32135-2139

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6068419

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Eileen Hayward

Mailing Address PO Box 352139  
Apt. 331

City Palm Coast State FL Zip Code 32135-2139

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6068420

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 190.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address PO Box 352139  
Apt. 331

City State Zip Code  
Palm Coast FL 32135-2139

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6068421

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Lloyd L. Hefner

Mailing Address 2835 Berwick Rd

City State Zip Code  
Birmingham AL 35213-3413

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6077931

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Lloyd L. Hefner

Mailing Address 2835 Berwick Rd

City State Zip Code  
Birmingham AL 35213-3413

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6077930

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 245.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 108 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John J. Heinsius  
Mailing Address PO Box 4610  
City Modesto State CA Zip Code 95352-4610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 04 / 17 / 2009  
Transaction ID: C6007440  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
John J. Heinsius  
Mailing Address PO Box 4610  
City Modesto State CA Zip Code 95352-4610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 04 / 28 / 2009  
Transaction ID: C6082857  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Harriet J. Helman  
Mailing Address 70 Juniper Avenue  
City Ronkonkoma State NY Zip Code 11779  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 04 / 22 / 2009  
Transaction ID: C6089550  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Harriet J. Helman

Mailing Address 70 Juniper Avenue

City Ronkonkoma State NY Zip Code 11779

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6089551

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Elayne R. Hengler

Mailing Address PO Box 97

City Hanover State MN Zip Code 55341-0097

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6068232

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Arthur H. Hertz

Mailing Address 3195 Ponce De Leon Blvd

City Coral Gables State FL Zip Code 33134-6801

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

Name of Employer Wometco Enterprises, Inc. Occupation Chairman And CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 12500.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6056353

Amount of Each Receipt this Period  
15000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15185.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
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 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City Berkeley State CA Zip Code 94707-1531

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

Name of Employer Self-Employed Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00

Date of Receipt 04 / 01 / 2009  
Transaction ID: C6089695  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City Berkeley State CA Zip Code 94707-1531

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

Name of Employer Self-Employed Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00

Date of Receipt 04 / 03 / 2009  
Transaction ID: C6089696  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City Berkeley State CA Zip Code 94707-1531

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

Name of Employer Self-Employed Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00

Date of Receipt 04 / 08 / 2009  
Transaction ID: C6088767  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 111 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City State Zip Code  
Berkeley CA 94707-1531

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

Name of Employer Self-Employed Occupation  
CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2009

**Transaction ID:** C6088768

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City State Zip Code  
Berkeley CA 94707-1531

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

Name of Employer Self-Employed Occupation  
CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6088769

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Constance Hickey

Mailing Address 11905 Jubal Early Ct

City State Zip Code  
Potomac MD 20854-3428

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

Name of Employer N/A Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6083288

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 551  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Winston H. Hickox

Mailing Address 700 Walnut Glen Ct.

City State Zip Code  
Sacramento CA 95864

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

Name of Employer California Strategies Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056427

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Hollie M. Hilden

Mailing Address 237 Bighorn Ct

City State Zip Code  
Vacaville CA 95687-3438

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6064354

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Hollie M. Hilden

Mailing Address 237 Bighorn Ct

City State Zip Code  
Vacaville CA 95687-3438

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6070502

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address Apt. 129  
Apt. 129

City State Zip Code  
Reading PA 19610

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6067453

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Marga Hirst

Mailing Address 3225 Oyster Bay Ave

City State Zip Code  
Davis CA 95616-2669

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6062616

Amount of Each Receipt this Period  
228.00

**C.** Full Name (Last, First, Middle Initial)  
Richard D. Holland

Mailing Address 1501 S 80th St

City State Zip Code  
Omaha NE 68124-1423

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6077486

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1928.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Maria J. Hoog

Mailing Address 9 Concord Greene Unit 6

City Concord State MA Zip Code 01742

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 04 / 28 / 2009

**Transaction ID:** C6066994

Amount of Each Receipt this Period 75.00

**B.**

Full Name (Last, First, Middle Initial)  
Maria J. Hoog

Mailing Address 9 Concord Greene Unit 6

City Concord State MA Zip Code 01742

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 04 / 28 / 2009

**Transaction ID:** C6066995

Amount of Each Receipt this Period 75.00

**C.**

Full Name (Last, First, Middle Initial)  
Maria J. Hoog

Mailing Address 9 Concord Greene Unit 6

City Concord State MA Zip Code 01742

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 04 / 29 / 2009

**Transaction ID:** C6066993

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... 175.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ramon Hooper

Mailing Address 416 W Padre St  
Apt 11

City State Zip Code  
Santa Barbara CA 93105-4242

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

Name of Employer Augustus Prada Occupation Landscaping

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 9

**Transaction ID:** C6075090

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ramon Hooper

Mailing Address 416 W Padre St  
Apt 11

City State Zip Code  
Santa Barbara CA 93105-4242

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

Name of Employer Augustus Prada Occupation Landscaping

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 9

**Transaction ID:** C6075091

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ramon Hooper

Mailing Address 416 W Padre St  
Apt 11

City State Zip Code  
Santa Barbara CA 93105-4242

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

Name of Employer Augustus Prada Occupation Landscaping

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6074032

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 3802 47th Ave NE  
425 Bianca Ave.

City State Zip Code  
Seattle WA 98105-5221

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

Name of Employer Occupation  
U of WA Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C6068621

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Tadashi T. Horino

Mailing Address 1790 Marich Way

City State Zip Code  
Mountain View CA 94040-2315

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6063569

Amount of Each Receipt this Period  
126.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth F. Hornbeck

Mailing Address 563 Cottonwood Court

City State Zip Code  
Dayton OH 45429

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C6058825

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **641.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 857 Bennett St.

City State Zip Code  
Wilmington DE 19801

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C6076352

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Polly H. Howells

Mailing Address 484 1st St

City State Zip Code  
Brooklyn NY 11215-2606

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

Name of Employer Self-Employed Occupation  
Psychotherapist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6083453

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
A. Joseph Huerta

Mailing Address 5002 Oakmont

City State Zip Code  
Corpus Christi TX 78413

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

Name of Employer Huerta Law Firm Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6090617

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Richard L. Huggins

Mailing Address 1119 Candlewood Dr

City State Zip Code  
Lakeland FL 33813-2854

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

Name of Employer Occupation  
Presbyterian Church (Usa) Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6089575

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Vester T. Hughes, Jr.

Mailing Address 1717 Main St  
Ste. 2800

City State Zip Code  
Dallas TX 75201-4612

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

Name of Employer Occupation  
Hughes & Luce Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056461

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Beverly J. Huma

Mailing Address 11619 Northdale Dr  
Apt. 29

City State Zip Code  
Moorpark CA 93021-3708

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6067876

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 136 Channing Ln  
317 Granville Rd.

City State Zip Code  
Chapel Hill NC 27516-9153

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 19 / 2009  
Transaction ID: C6069293  
Amount of Each Receipt this Period: 75.00

**B.** Full Name (Last, First, Middle Initial)  
G. David Hurd

Mailing Address 300 Walnut St  
Unit 183

City State Zip Code  
Des Moines IA 50309-2244

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056477  
Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Khalid Husain

Mailing Address 24501 Fm 2100 Rd

City State Zip Code  
Huffman TX 77336-4341

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

Name of Employer Huffman Shopping Center Occupation Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056486  
Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5075.00

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

**SCHEDULE A (FEC Form 3X)  
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for each category of the  
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FOR LINE NUMBER: PAGE 120 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Lee W. Hydeman  
Mailing Address PO Box 623  
City: Sonoita   State: AZ   Zip Code: 85637-0623  
FEC ID number of contributing federal political committee: **C**  
Name of Employer: N/A   Occupation: Retired  
Receipt For:  Primary    General    Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt: 04 / 28 / 2009  
Transaction ID: C6064314  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Toshiro Igarashi  
Mailing Address 18931 Christina Ave  
City: Cerritos   State: CA   Zip Code: 90703-8422  
FEC ID number of contributing federal political committee: **C**  
Name of Employer: N/A   Occupation: Retired  
Receipt For:  Primary    General    Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 04 / 01 / 2009  
Transaction ID: C6091227  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Toshiro Igarashi  
Mailing Address 18931 Christina Ave  
City: Cerritos   State: CA   Zip Code: 90703-8422  
FEC ID number of contributing federal political committee: **C**  
Name of Employer: N/A   Occupation: Retired  
Receipt For:  Primary    General    Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 04 / 22 / 2009  
Transaction ID: C6090761  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00  
**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 121 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Stanley Ilhardt

Mailing Address 5682 Hutchinson Rd.

City State Zip Code  
Batavia OH 45103

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

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

Transaction ID: C6058602

Amount of Each Receipt this Period  
85.00

**B.**

Full Name (Last, First, Middle Initial)  
Eliot C. Ingram

Mailing Address 2107 Brandywine St.

City State Zip Code  
Philadelphia PA 19130

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: C6067528

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark H. Iola

Mailing Address 4332 Potomac Ave

City State Zip Code  
Dallas TX 75205-2629

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

Name of Employer Occupation  
Stanley, Mandel & Iola Attorney

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056519

Amount of Each Receipt this Period  
10000.00

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

10185.00

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

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

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Phillip L. Isenberg

Mailing Address 1550 Potrero Way

City Sacramento State CA Zip Code 95822

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

Name of Employer Isenberg-Oharen Government Relations Occupation President

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

Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056424  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
James Jackson

Mailing Address P.O. Box 240

City Athens State OH Zip Code 45701

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: C6067742  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Naren L. Jackson

Mailing Address 1507 Wilshire Blvd.

City Arlington State TX Zip Code 76012

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 735.00

Date of Receipt 04 / 16 / 2009  
Transaction ID: C6089346  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 123 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Naren L. Jackson

Mailing Address 1507 Wilshire Blvd.

City State Zip Code  
Arlington TX 76012

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 735.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6089347

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Martha W. James

Mailing Address 4100 Jackson Ave  
Westminster Manor No 310

City State Zip Code  
Austin TX 78731

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 218.00

Date of Receipt

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

Transaction ID: C6082494

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Shirley J James

Mailing Address 3978 Kent Way

City State Zip Code  
San Francisco CA 94080

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C6060925

Amount of Each Receipt this Period  
100.00

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

160.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey S. Janofsky

Mailing Address 2217 Sugarcone Rd

City State Zip Code  
Baltimore MD 21209-1029

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6074439

Amount of Each Receipt this Period 208.00

**B.** Full Name (Last, First, Middle Initial)  
Vellore P. Jayakrishnam

Mailing Address 15 Parkview Pl

City State Zip Code  
Staten Island NY 10310-3128

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6058743

Amount of Each Receipt this Period 220.00

**C.** Full Name (Last, First, Middle Initial)  
Theodore Jean-Francois

Mailing Address 3 Behnke Ct.

City State Zip Code  
Rockville Centre NY 11570

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6066281

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 478.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 551  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Robert Jeanne

Mailing Address 609 Hilltop Dr

City Madison State WI Zip Code 53711-1358

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

Name of Employer Univ of Wisconsin Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 09 / 2009

Transaction ID: C6059142

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Steve Baughman Jensen

Mailing Address 1543 Eastus Dr

City Dallas State TX Zip Code 75208-2512

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

Name of Employer Allen and Stewart Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056475

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel F. Johnson

Mailing Address 3652 Tamarack Ln

City Eau Claire State WI Zip Code 54701-7264

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2009

Transaction ID: C6057082

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 3900 Connecticut Ave NW  
Apt 204G

City Washington State DC Zip Code 20008-2498

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 537.67

Date of Receipt 04 / 14 / 2009  
Transaction ID: C6058884  
Amount of Each Receipt this Period 537.67

**B.** Full Name (Last, First, Middle Initial)  
Leonard Johnson

Mailing Address 4720 Geranium Pl

City Oakland State CA Zip Code 94619-3053

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 28 / 2009  
Transaction ID: C6083027  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Patrick A. Jolly

Mailing Address 622 Schneider Ct

City Westbury State NY Zip Code 11590-1420

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 04 / 28 / 2009  
Transaction ID: C6063443  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **687.67**

**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 127 / 551  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Carmen R. Jones

Mailing Address 180 Hancock St

City State Zip Code  
Brooklyn NY 11216-2104

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6082104

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Paul R. Jones

Mailing Address 13780 Torrey Pines Dr.

City State Zip Code  
Auburn CA 95602

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C6067009

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Robert H Jones

Mailing Address 1870 Oakridge Dr

City State Zip Code  
Akron OH 44313-5412

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6064777

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 128 / 551  
(check only one)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 6738 Winton St

City State Zip Code  
Dallas TX 75214-2748

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

Name of Employer Occupation  
McKesson Corporation Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2009

**Transaction ID:** C6090099

Amount of Each Receipt this Period  
15.00

**B.** Full Name (Last, First, Middle Initial)  
Robert A. Joseph

Mailing Address 5679 Monroe St. Apt. 1019

City State Zip Code  
Sylvania OH 43560

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6078923

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Milton Jupiter

Mailing Address 441 N Oakhurst Dr. Apt. 705

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 309.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6075813

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **365.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 551  
(check only one)

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

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 Congressional Campaign Committee

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

Mailing Address 730 Hungry Harbor Rd

City State Zip Code  
Valley Stream NY 11581-3039

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

Name of Employer Brookdale Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

**Transaction ID:** C6068798

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Wolf Kahn

Mailing Address 217 W 21st St

City State Zip Code  
New York NY 10011-3101

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

Name of Employer Self-Employed Occupation Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 9

**Transaction ID:** C6058222

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Henry Kaminer

Mailing Address 95 Charles St. Apt. 5

City State Zip Code  
New York NY 10014-2621

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6082014

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Allan Kanner		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 1550 Dufossat St		<b>Transaction ID:</b> C6056534
City New Orleans	State LA	Zip Code 70115-4023
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Allan Kanner & Associates	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Herschel Kanter		Date of Receipt MM / DD / YYYY 04 / 02 / 2009
Mailing Address 5726 28th St N		<b>Transaction ID:</b> C6089706
City Arlington	State VA	Zip Code 22207-1434
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

**C.**

Full Name (Last, First, Middle Initial) Norman Kaplan		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 3831 Turtle Creek Blvd Apt 20E		<b>Transaction ID:</b> C6056466
City Dallas	State TX	Zip Code 75219-4415
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer U Texas Med School	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
for each category of the  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Kay  
 Mailing Address 98 Kendal Drive  
 City Oberlin State OH Zip Code 44074  
 Date of Receipt 04 / 01 / 2009  
 Transaction ID: C6090259  
 Amount of Each Receipt this Period 75.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Kay  
 Mailing Address 98 Kendal Drive  
 City Oberlin State OH Zip Code 44074  
 Date of Receipt 04 / 18 / 2009  
 Transaction ID: C6090260  
 Amount of Each Receipt this Period 75.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**C.** Full Name (Last, First, Middle Initial)  
Sally Keating  
 Mailing Address 2060 Oak Hammock Dr.  
 City Ponte Vedra Beach State FL Zip Code 32082  
 Date of Receipt 04 / 20 / 2009  
 Transaction ID: C6078892  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Information Requested Occupation Nurse Practitioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Christina D. Kecker

Mailing Address 710 Sansome St

City State Zip Code  
San Francisco CA 94111-1704

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

Name of Employer Occupation  
Self-Employed Graphic Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6056538

Amount of Each Receipt this Period  
15200.00

**B.** Full Name (Last, First, Middle Initial)  
John W. Kecker

Mailing Address 710 Sansome St

City State Zip Code  
San Francisco CA 94111-1704

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

Name of Employer Occupation  
Kecker & Van Nest LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6056413

Amount of Each Receipt this Period  
15200.00

**C.** Full Name (Last, First, Middle Initial)  
John R. Kellam

Mailing Address 19 Firglade Ave.

City State Zip Code  
Providence RI 02906

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C6066026

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Peter J. Kelly

Mailing Address 60 Highlands Ave

City Springfield State NJ Zip Code 07081-3743

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 14 / 2009

Transaction ID: C6086355

Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Rita P. Kennann

Mailing Address 10332 Kristen St.

City Cypress State CA Zip Code 90630

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 13 / 2009

Transaction ID: C6060797

Amount of Each Receipt this Period: 150.00

**C.**

Full Name (Last, First, Middle Initial)  
Frances Kennedy

Mailing Address 9812 Ceralene Dr

City Fairfax State VA Zip Code 22032-1734

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

Name of Employer Self-Employed Occupation Computer Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 22 / 2009

Transaction ID: C6089024

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 134 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 2275 Summit Dr

City Hillsborough State CA Zip Code 94010-6146

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

Name of Employer Self-Employed Occupation Community Activist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6007450

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
James Killen

Mailing Address 1555 N 23rd St

City Beaumont State TX Zip Code 77706-2901

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6073830

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Rodney R. Kilmer

Mailing Address 2117 N 148Th St

City Shoreline State WA Zip Code 98133-6711

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 9 / 2 0 0 9

**Transaction ID:** C6088573

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2730.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 135 / 551  
(check only one)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Chong O. Kim

Mailing Address 510 Main St. Apt. 742

City State Zip Code  
New York NY 10044

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6061357

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Chong O. Kim

Mailing Address 510 Main St. Apt. 742

City State Zip Code  
New York NY 10044

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6061358

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Walter Kipping

Mailing Address 4744 88th Ave SE

City State Zip Code  
Mercer Island WA 98040-4329

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

Name of Employer Rainier Cold Storage Occupation Warehouseman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C6059994

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

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

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

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

FOR LINE NUMBER: PAGE 136 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary S. Kleinfeld  
 Mailing Address 220 W Zapata Hw 11 Pmb 413  
 City Laredo State TX Zip Code 78043  
 Date of Receipt 04 / 28 / 2009  
**Transaction ID: C6064411**  
 Amount of Each Receipt this Period 200.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Kline  
 Mailing Address 210 Berkshire Rd  
 City Richmond State VA Zip Code 23221-3239  
 Date of Receipt 04 / 22 / 2009  
**Transaction ID: C6089236**  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas J. Knox  
 Mailing Address 6008 Corewood Ln  
 City Bethesda State MD Zip Code 20816-2302  
 Date of Receipt 04 / 07 / 2009  
**Transaction ID: C6074975**  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Shaw Pittman Llp Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Paul Korman		Date of Receipt MM / DD / YYYY 04 / 23 / 2009
Mailing Address 933 Willowleaf Way		<b>Transaction ID:</b> C6068956
City Potomac	State MD	Zip Code 20854-2932
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Vanness Filoman	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Yvonne Koshland		Date of Receipt MM / DD / YYYY 04 / 19 / 2009
Mailing Address 3991 Happy Valley Rd		<b>Transaction ID:</b> C6069178
City Lafayette	State CA	Zip Code 94549-2423
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) Paul A. Kotta		Date of Receipt MM / DD / YYYY 04 / 27 / 2009
Mailing Address PO Box 1896		<b>Transaction ID:</b> C6090628
City Soquel	State CA	Zip Code 95073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> 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 138 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Kramar

Mailing Address 537 Miner Rd

City State Zip Code  
Highland Hts OH 44143

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

Name of Employer Occupation  
Cleveland Clinic Account Rep

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6088799

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Monika Kratzmann

Mailing Address 84 Prince St  
Apt 5C

City State Zip Code  
Boston MA 02113-1737

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

Name of Employer Occupation  
Intersystems Corp Customer Associate

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 262.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6064374

Amount of Each Receipt this Period  
81.00

**C.**

Full Name (Last, First, Middle Initial)

Ann Kraus

Mailing Address 6927 Tokalon Dr

City State Zip Code  
Dallas TX 75214-3829

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

Name of Employer Occupation  
N/A Homemaker

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056465

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1331.00

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

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

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

FOR LINE NUMBER: PAGE 139 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 4906 Shadywood Ln

City State Zip Code  
Dallas TX 75209-2024

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

Name of Employer Occupation  
Walters & Kraus LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056463

Amount of Each Receipt this Period  
1900.00

**B.** Full Name (Last, First, Middle Initial)  
Martha A Krebs

Mailing Address 23 Watercrest Ct.

City State Zip Code  
Sacramento CA 95831

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

Name of Employer Occupation  
University of California Physicist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056447

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Kay Kretchmar

Mailing Address 53 Village Hill Rd.

City State Zip Code  
Belmont MA 02478

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

Name of Employer Occupation  
Kaybrotta Baking Co. Baker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6072332

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3950.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 140 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 229 Dock Ln.

City State Zip Code  
Great Neck NY 11024

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 15 / 2009  
Transaction ID: C6072212  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Curtis Kueker

Mailing Address 175 Pfeiffer St., #2

City State Zip Code  
San Francisco CA 94133

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

Name of Employer Self-Employed Occupation Software Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 20 / 2009  
Transaction ID: C6089681  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Renaldo G. Kuhler

Mailing Address 510 Tilden St Apt 3

City State Zip Code  
Raleigh NC 27605-1524

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: C6082276  
Amount of Each Receipt this Period: 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 465.00

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

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

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

FOR LINE NUMBER: PAGE 141 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 445 E Northwater street  
#2505

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation  
U of Chicago Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C6090147

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Pamela Lamarra

Mailing Address 402 N West St.

City State Zip Code  
Interlachen FL 32148

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6079326

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Juanita B. Lambert

Mailing Address 3144 Oliver St NW

City State Zip Code  
Washington DC 20015-1655

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

Name of Employer Occupation  
N/A Homemaker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6063116

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 / 551

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Rudy Lance

Mailing Address 12238 La Charca St

City State Zip Code  
San Antonio TX 78233-5515

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 04 / 07 / 2009

**Transaction ID:** C6078498

Amount of Each Receipt this Period -800.00

NSF

**B.**

Full Name (Last, First, Middle Initial)  
John C. Land

Mailing Address PO Drawer 138

City State Zip Code  
Manning SC 29102

FEC ID number of contributing federal political committee. C

Name of Employer Land Parker & Welch Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2009

**Transaction ID:** C6079168

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Marian B. Langdon

Mailing Address 1811 Dougherty Ferry Rd

City State Zip Code  
Saint Louis MO 63122-3505

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Educational Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 09 / 2009

**Transaction ID:** C6075156

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... -600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) M. Thomas Lardner		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 5811 Redwood Ct		<b>Transaction ID:</b> C6056462
City Dallas	State TX	Zip Code 75209-2439
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer L & B Group	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Robin Larson		Date of Receipt MM / DD / YYYY 04 / 17 / 2009
Mailing Address 105 Mitchel Ct.		<b>Transaction ID:</b> C6073275
City Anamosa	State IA	Zip Code 52205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Richard A. Launey		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 1912 Richmond St.		<b>Transaction ID:</b> C6056415
City Sacramento	State CA	Zip Code 95825
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SJUSD	Occupation Board of Education	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1475.00</b>
<b>TOTAL</b> 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 144 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Helen Le Grow

Mailing Address 45 Maple St

City State Zip Code  
Islip NY 11751-4506

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

Name of Employer Occupation  
Islip Public Library Librarian

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C6077309

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
George Leader

Mailing Address 1528 Sand Hill Rd

City State Zip Code  
Hummelstown PA 17036-9704

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

Name of Employer Occupation  
G M Leader Corp Business

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C6069380

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
David Lebaron

Mailing Address 1337 Woolner Ave.

City State Zip Code  
Fairfield CA 94533

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

Name of Employer Occupation  
Air Science Technologies Inc. President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: C6075397

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Chong-Moon Lee

Mailing Address 1245 Oakmead Parkway

City Sunnyvale State CA Zip Code 94085

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

Name of Employer: Ambex Venture Group Occupation: Chairman/Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056443  
Amount of Each Receipt this Period: 30400.00

**B.** Full Name (Last, First, Middle Initial)  
Jerry Lee

Mailing Address 260 N Pearl St Apt 1P

City Albany State NY Zip Code 12207-1211

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

Name of Employer: Self-Employed Occupation: Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6082509  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy Lee

Mailing Address 2511 Bennington Dr

City San Bruno State CA Zip Code 94066-3907

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

Name of Employer: City And County Of San Francisco Occupation: Administrative Law Judge

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 22 / 2009  
Transaction ID: C6089084  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30850.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
William Lehrer

Mailing Address 500 Fortune Blvd

City Milford State MA Zip Code 01757-1722

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

Name of Employer PEI Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 04 / 21 / 2009

Transaction ID: C6063565

Amount of Each Receipt this Period 375.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrea Leisy

Mailing Address 5148 Isador Ln

City Sacramento State CA Zip Code 95835-2063

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

Name of Employer Remy, Thomas, Moose and Manley, LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 22 / 2009

Transaction ID: C6056371

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Chrys D. Lemon

Mailing Address 1600 N Oak St Apt 628

City Arlington State VA Zip Code 22209-2763

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

Name of Employer McIntyre Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 30 / 2009

Transaction ID: C6056411

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2375.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Margo Lesser

Mailing Address 1044 N Glenhurst

City Birmingham State MI Zip Code 48009

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY 04 / 23 / 2009

**Transaction ID:** C6088748

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Judith Levine

Mailing Address 19 Bertrand Drive

City Princeton State NJ Zip Code 08540

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY 04 / 01 / 2009

**Transaction ID:** C6089808

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul D. Lew

Mailing Address 54 Redding Ridge Dr

City Gaithersburg State MD Zip Code 20878-2664

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

Name of Employer Watson Wyatt Worldwide Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY 04 / 17 / 2009

**Transaction ID:** C6083483

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Laurie Lewin

Mailing Address 28 Hitching Post Lane

City State Zip Code  
Chappaqua NY 10514

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

Name of Employer Self-Employed Occupation  
Jewelry Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6089520

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Lewis

Mailing Address 324 6th Ave Apt. C57

City State Zip Code  
La Grange IL 60525-2436

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

Name of Employer Information Requested Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6059493

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Liebert

Mailing Address 3221 43rd Ave W

City State Zip Code  
Seattle WA 98199-2436

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

Name of Employer N/A Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6089782

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **235.00**

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

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

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

FOR LINE NUMBER: PAGE 149 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary Liebert  
 Mailing Address 3221 43rd Ave W  
 City State Zip Code  
 Seattle WA 98199-2436  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 9  
**Transaction ID:** C6089783  
 Amount of Each Receipt this Period  
 75.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

**B.** Full Name (Last, First, Middle Initial)  
Ted Lieu  
 Mailing Address PO Box 1309  
 City State Zip Code  
 Torrance CA 90505  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9  
**Transaction ID:** C6056419  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State of California Occupation Assembly Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Grace Link  
 Mailing Address 2500 Valleyview Ave. Apt. 261  
 City State Zip Code  
 Bismarck ND 58501  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 9  
**Transaction ID:** C6084873  
 Amount of Each Receipt this Period  
 120.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1195.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Sarah Little

Mailing Address 500 Elmington Ave.

City Nashville State TN Zip Code 37205

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6079035

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Earl A. Loomis

Mailing Address 125 Cove C Ircl

City Greenport State NY Zip Code 11944

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C6088701

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Earl A. Loomis

Mailing Address 125 Cove C Ircl

City Greenport State NY Zip Code 11944

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C6088702

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 151 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 15 Grandview Ln

City State Zip Code  
Thornwood NY 10594-1802

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6089770

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Radomir Luza

Mailing Address 2313 Twin Silo Dr # A

City State Zip Code  
Blue Bell PA 19422-3281

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6068164

Amount of Each Receipt this Period  
210.00

**C.** Full Name (Last, First, Middle Initial)  
Audrey Lyke

Mailing Address 3516 Hopkins Dr

City State Zip Code  
Marshallton DE 19808-2913

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

Name of Employer Occupation  
Ework Energy Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** C6059911

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 560.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 152 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Gwendy Lykke  
 Mailing Address 20820 Bell Bluff Rd  
 City Gaithersburg State MD Zip Code 20879-1112  
 Date of Receipt 04 / 29 / 2009  
**Transaction ID:** C6088672  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 275.00

**B.** Full Name (Last, First, Middle Initial)  
Claudia M. Lyon  
 Mailing Address 428 Hedgewood Dr  
 City Gallipolis State OH Zip Code 45631-1114  
 Date of Receipt 04 / 01 / 2009  
**Transaction ID:** C6088945  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Holzer Clinic Inc. Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 400.00

**C.** Full Name (Last, First, Middle Initial)  
Deborah Lyons  
 Mailing Address 410 9th Street  
 City Del Mar State CA Zip Code 92014  
 Date of Receipt 04 / 08 / 2009  
**Transaction ID:** C6088686  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Zarbrah, Inc Occupation Restaurateur  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 153 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

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

Mailing Address 410 9th Street

City State Zip Code  
Del Mar CA 92014

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

Name of Employer Occupation  
Zarbrah, Inc Restaurateur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6088687

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Genevieve MacKinnon

Mailing Address 826 Boulder Creek Lane

City State Zip Code  
Ashland OR 97520

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6090641

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Genevieve MacKinnon

Mailing Address 826 Boulder Creek Lane

City State Zip Code  
Ashland OR 97520

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6090642

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
John R. Maclean

Mailing Address 11 N Main St

City State Zip Code  
Cleburne TX 76033-5543

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Maclean & Boulware Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056472

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Madrid

Mailing Address 2219 Vista Larga Ave, NE

City State Zip Code  
Albuquerque NM 87106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056535

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Shahrokh Mafi

Mailing Address 1824 Brannen Rd SE

City State Zip Code  
Atlanta GA 30316-3610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6089719

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 551  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Stephen Malouf		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 3811 Turtle Creek Blvd. Suite 1600		Transaction ID: C6056533
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**B.**

Full Name (Last, First, Middle Initial) Phil Manke		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address W9230 State Road 21		Transaction ID: C6067320
City Wautoma	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Whitman F. Manley		Date of Receipt MM / DD / YYYY 04 / 22 / 2009
Mailing Address 716 1st Street		Transaction ID: C6056370
City Woodland	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Remy, Thomas, Moose and Manley, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5250.00
<b>TOTAL</b> 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 156 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Roberta Manning

Mailing Address 176 Dedham St

City State Zip Code  
Newton Hlds MA 02461-2118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Boston College College Prof. Of History

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

Transaction ID: C6063568

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)

Maeva Marcus

Mailing Address 5600 Harwick Rd

City State Zip Code  
Bethesda MD 20816-2052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Supreme Court Historical Society Historian

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6062077

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)

Frederic R Marschner

Mailing Address 100 Pringle Ave; Ste 150  
Suite 150

City State Zip Code  
Walnut Creek CA 94596

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northwestern Mutual Financial Network Life, Disability & Long Term Care Ins.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6089829

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

410.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 551

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Norman A. Marshall

Mailing Address 20543 Debbie Ln

City State Zip Code  
Saratoga CA 95070-4827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 241.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C6060170

Amount of Each Receipt this Period  
116.00

**B.**

Full Name (Last, First, Middle Initial)  
Carol S. Martin

Mailing Address 208 W Golf Pl

City State Zip Code  
Pagosa Springs CO 81147-9316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 322.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C6067996

Amount of Each Receipt this Period  
111.00

**C.**

Full Name (Last, First, Middle Initial)  
Mathias Masem

Mailing Address 80 Grand Ave  
Ste 600

City State Zip Code  
Oakland CA 94612-3744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UCSF Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C6056360

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5227.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Meigs Matheson  
Mailing Address 1914 Clemens Rd  
City Oakland State CA Zip Code 94602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Unemployed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 01 / 2009  
Transaction ID: C6090538  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew L. Maverick  
Mailing Address 82 Fremont Pl  
City Los Angeles State CA Zip Code 90005-3858  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 21 / 2009  
Transaction ID: C6070576  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Byron May  
Mailing Address PO Box 147  
City West Liberty State KY Zip Code 41472-0147  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 04 / 08 / 2009  
Transaction ID: C6065280  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Byron May

Mailing Address PO Box 147

City State Zip Code  
West Liberty KY 41472-0147

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056817

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Miachel F. Mayer

Mailing Address 50 Popham Rd.  
Apt. 5B

City State Zip Code  
Scarsdale NY 10583

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6067811

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Miachel F. Mayer

Mailing Address 50 Popham Rd.  
Apt. 5B

City State Zip Code  
Scarsdale NY 10533

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6067812

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... 400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Mc Cormack

Mailing Address 870 United Nations Plz  
Apt. 8A

City State Zip Code  
New York NY 10017-1807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Laurance S Rockefeller Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6058986

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Joel W. McClure

Mailing Address 2510 Cresta de Ruta

City State Zip Code  
Eugene OR 97403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6084331

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Leah McDonald

Mailing Address PO Box 1323

City State Zip Code  
Choteau MT 59422-1323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6063980

Amount of Each Receipt this Period  
320.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **670.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
George McElroy

Mailing Address 62 Pointe Park Place

City State Zip Code  
Grosse Pointe MI 48236

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6066193

Amount of Each Receipt this Period  
600.00

**B.**

Full Name (Last, First, Middle Initial)  
D. E. McGill

Mailing Address PO Box 619

City State Zip Code  
Bayfield CO 81122-0619

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C6090999

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
John H McGowen

Mailing Address 485 Waxflower Ln

City State Zip Code  
Fallbrook CA 92028-2448

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6057638

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary Anne McGuire-Hickey

Mailing Address 50 Mariposa St

City State Zip Code  
Brisbane CA 94005-1533

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6057723

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth L. McKeever

Mailing Address 80 Margaretta Court

City State Zip Code  
Staten Island NY 10314

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6086401

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Alice McLarty

Mailing Address 6407 Clubhouse Cir

City State Zip Code  
Dallas TX 75240-5444

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6056376

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1360.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
George McLaughlin

Mailing Address 3525 Turtle Creek Boulevard 14B  
14BC

City State Zip Code  
Dallas TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Best Merchant Partners Senior Advisor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C6090212

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Jill McNeil

Mailing Address 301 Islington Road

City State Zip Code  
Newton MA 02466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CSC Business Architect

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2009

**Transaction ID:** C6088967

Amount of Each Receipt this Period  
160.00

**C.** Full Name (Last, First, Middle Initial)  
Robert McWilliams

Mailing Address 22 Locust Dr

City State Zip Code  
Florissant MO 63031-8221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lashey A Bren Pc Attorney

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.60

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6078430

Amount of Each Receipt this Period  
77.80

**SUBTOTAL** of Receipts This Page (optional) ..... ► **337.80**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
McArthur Means

Mailing Address 753 W Bode Cir  
Apt 212

City Hoffman Estates State IL Zip Code 60169-2947

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

**Transaction ID:** C6090057

Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Meany

Mailing Address 350 Jackson St  
No 501

City San Francisco State CA Zip Code 94111-2348

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson, Meany, Sullivan Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6007451

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Roy J. Messelt

Mailing Address 13419 Van Buren St NE

City Ham Lake State MN Zip Code 55304-6959

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6061911

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1360.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Lawrence W. Miles

Mailing Address 3249 Clairidge Way

City State Zip Code  
Sacramento CA 95821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Miles Law Firm Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056437

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Margaret Miller

Mailing Address 3737 Atwell Ste 206

City State Zip Code  
Dallas TX 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056484

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Nancy C. Miller

Mailing Address 1782 11th Ave

City State Zip Code  
Sacramento CA 95818-4164

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Miller Owen & Frost Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056421

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
William S. Miller

Mailing Address 50 Popham Rd.

City State Zip Code  
Scarsdale NY 10533

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6079160

Amount of Each Receipt this Period  
112.00

**B.** Full Name (Last, First, Middle Initial)  
Bernie Minsk

Mailing Address 7415 8th Ave. NW Apt. A

City State Zip Code  
Seattle WA 98117

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6060812

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Monaldi

Mailing Address 3803 Hamilton Avenue

City State Zip Code  
Baltimore MD 21206

FEC ID number of contributing federal political committee. **C**

Name of Employer Penn-Mar Organization, Inc. Occupation Residential Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6089438

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **332.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Moore

Mailing Address PO Box 1213

City State Zip Code  
Saratoga Springs NY 12866-0888

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6064090

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Donald E. Morris

Mailing Address 10624 S Eastern Ave  
# A201

City State Zip Code  
Henderson NV 89052-2982

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 28400.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6007430

Amount of Each Receipt this Period  
23400.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald Morrison

Mailing Address P.O. Box 14316

City State Zip Code  
San Francisco CA 94114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6091305

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 24650.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Christopher Moscone  
Mailing Address 35 Laverne Avenue  
City Mill Valley State CA Zip Code 94941  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Moscone Public Affairs Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 20 / 2009  
Transaction ID: C6056358  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
David Moyar  
Mailing Address 13415 Shaker Blvd Apt 10D2  
City Cleveland State OH Zip Code 44120-5617  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mei Hotels Occupation Hotels  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 21 / 2009  
Transaction ID: C6069299  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Diana Mozumder  
Mailing Address 23705 Mariner Dr Apt 182  
City Dana Point State CA Zip Code 92629  
FEC ID number of contributing federal political committee. **C**  
Name of Employer So Coast Med Ctr/PCR Kims-taff HR Occupation Registered Nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 04 / 22 / 2009  
Transaction ID: C6089496  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00  
**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3X)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Diana Mozumder

Mailing Address 23705 Mariner Dr Apt 182

City Dana Point State CA Zip Code 92629

FEC ID number of contributing federal political committee. **C**

Name of Employer So Coast Med Ctr/PCR Kims-taff HR Occupation Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 27 / 2009  
Transaction ID: C6089497  
Amount of Each Receipt this Period 35.00

**B.** Full Name (Last, First, Middle Initial)  
Philip R. Munger

Mailing Address 40 Fifth Avenue #11C

City New York State NY Zip Code 10011-8843

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Policy Analyst

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056506  
Amount of Each Receipt this Period 1900.00

**C.** Full Name (Last, First, Middle Initial)  
Murray G. Murphey

Mailing Address 200 Rhyle Ln

City Bala Cynwyd State PA Zip Code 19004-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 16 / 2009  
Transaction ID: C6068722  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2035.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 170 / 551  
(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Murray G. Murphey

Mailing Address 200 Rhyle Ln

City State Zip Code  
Bala Cynwyd PA 19004-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 28 / 2009  
Transaction ID: C6062403  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Murray G. Murphey

Mailing Address 200 Rhyle Ln

City State Zip Code  
Bala Cynwyd PA 19004-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 13 / 2009  
Transaction ID: C6068723  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Shakir Mustafa

Mailing Address PO BOX 450201

City State Zip Code  
Kissimmee FL 34745

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: C6088904  
Amount of Each Receipt this Period: 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 235.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 171 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Shakir Mustafa

Mailing Address PO BOX 450201

City State Zip Code  
Kissimmee FL 34745

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2009

**Transaction ID:** C6088903

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Shakir Mustafa

Mailing Address PO BOX 450201

City State Zip Code  
Kissimmee FL 34745

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6090301

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Michael H. Namadan

Mailing Address 143 Vinewood Dr

City State Zip Code  
Safety Harbor FL 34695-4688

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6078191

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **240.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 551  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Shirley Nash

Mailing Address P.O. Box 348

City State Zip Code  
Chester Springs PA 19425

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6074411

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia Nelson

Mailing Address 21262 E Saddlerock Lane

City State Zip Code  
Aurora CO 80016

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Marketing Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C6089171

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Rick Nemeroff

Mailing Address 9400 N. Central Expwy Suite 608

City State Zip Code  
Dallas TX 75231

FEC ID number of contributing federal political committee. **C**

Name of Employer DeLuca & Nemeroff Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056512

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Ben Neufeld

Mailing Address 2008 Linda Flora Dr

City State Zip Code  
Los Angeles CA 90077-1407

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

**Transaction ID:** C6062211

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Patricia H Noyes

Mailing Address 2014 Elk Ave

City State Zip Code  
Eugene OR 97403-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	9

**Transaction ID:** C6058552

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas J. O'Donnell

Mailing Address 10 West Kirke Street

City State Zip Code  
Chevy Chase MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Gephardt Group Occupation Lobbyist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** C6056391

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 174 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Dave Oldham

Mailing Address 632 Grove Avenue  
Apartment 1

City Johnstown State PA Zip Code 15902

FEC ID number of contributing federal political committee. **C**

Name of Employer Association for the Blind and Handicap Occupation Sewing Machine Operator

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 01 / 2009  
Transaction ID: C6090407  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Dave Oldham

Mailing Address 632 Grove Avenue  
Apartment 1

City Johnstown State PA Zip Code 15902

FEC ID number of contributing federal political committee. **C**

Name of Employer Association for the Blind and Handicap Occupation Sewing Machine Operator

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 04 / 2009  
Transaction ID: C6090408  
Amount of Each Receipt this Period 15.00

**C.** Full Name (Last, First, Middle Initial)  
Dave Oldham

Mailing Address 632 Grove Avenue  
Apartment 1

City Johnstown State PA Zip Code 15902

FEC ID number of contributing federal political committee. **C**

Name of Employer Association for the Blind and Handicap Occupation Sewing Machine Operator

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 17 / 2009  
Transaction ID: C6090409  
Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 551

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dave Oldham

Mailing Address 632 Grove Avenue  
Apartment 1

City State Zip Code  
Johnstown PA 15902

FEC ID number of contributing federal political committee. **C**

Name of Employer Association for the Blind and Handicap Occupation Sewing Machine Operator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6089309

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
Ruth Olds

Mailing Address 10501 Lagrima De Oro Rd NE  
Apt. 350

City State Zip Code  
Albuquerque NM 87111-3737

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C6069561

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert J. Oremus

Mailing Address 9510 S Kolmar Ave  
Apt. 108

City State Zip Code  
Oak Lawn IL 60453-7200

FEC ID number of contributing federal political committee. **C**

Name of Employer Prairie Material Sales In-c. Occupation Office Worker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 295.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: C6071816

Amount of Each Receipt this Period

180.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

465.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert J. Oremus

Mailing Address 9510 S Kolmar Ave  
Apt. 108

City State Zip Code  
Oak Lawn IL 60453-7200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Prairie Material Sales In- Office Worker  
c.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 295.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6071815

Amount of Each Receipt this Period  
115.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Ortnr

Mailing Address 28 Paddington Rd

City State Zip Code  
Scarsdale NY 10583-2322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Proskauer Rosé LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056438

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Irene P. Osborn

Mailing Address 61 Carroll St

City State Zip Code  
Bronx NY 10464-1463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mount Sinai Hospital Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6074324

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2315.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 177 / 551

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mildred D. Owens

Mailing Address 3321 Greenmeade Rd

City State Zip Code  
Baltimore MD 21244-1137

FEC ID number of contributing federal political committee. **C**

Name of Employer Social Security Adm Occupation Program Analyst

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 316.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6069599

Amount of Each Receipt this Period

66.00

**B.**

Full Name (Last, First, Middle Initial)  
Mildred D. Owens

Mailing Address 3321 Greenmeade Rd

City State Zip Code  
Baltimore MD 21244-1137

FEC ID number of contributing federal political committee. **C**

Name of Employer Social Security Adm Occupation Program Analyst

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 316.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6074889

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael F. Ozaki

Mailing Address 6451 Sundance Cir

City State Zip Code  
Huntington Beach CA 92647-6546

FEC ID number of contributing federal political committee. **C**

Name of Employer Bristol Park Medical Group Occupation Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6088732

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

416.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Christopher Paci

Mailing Address 1172 Park Ave. Apt. 4C

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dla Piper US Llp Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2009  
Transaction ID: C6078628  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
J Rock Palermo

Mailing Address 4603 Angelle Dr.

City State Zip Code  
Sulphur LA 70663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6080303  
Amount of Each Receipt this Period: 210.00

**C.** Full Name (Last, First, Middle Initial)  
Adelaide P. Park

Mailing Address 513 Wyckoff Rd.

City State Zip Code  
Ithaca NY 14850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pork Foundation Program Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 04 / 13 / 2009  
Transaction ID: C6073139  
Amount of Each Receipt this Period: 3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3460.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Glenn F. Park

Mailing Address 222 Aloha Dr. #901  
Apt. 901

City State Zip Code  
Hon HI 96815

FEC ID number of contributing federal political committee. **C**

Name of Employer State Of Hawaii Occupation Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: MM / DD / YYYY  
04 / 17 / 2009

Transaction ID: C6058764

Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Ethel E. Parker

Mailing Address 48 Parker Rd

City State Zip Code  
Fort Shaw MT 59443-9400

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt: MM / DD / YYYY  
04 / 19 / 2009

Transaction ID: C6062203

Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Ethel E. Parker

Mailing Address 48 Parker Rd

City State Zip Code  
Fort Shaw MT 59443-9400

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt: MM / DD / YYYY  
04 / 21 / 2009

Transaction ID: C6062204

Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Scott Parven  
Mailing Address 8817 Sleepy Hollow Lane  
City Potomac State MD Zip Code 20854  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Parven Pomper Strategies Occupation Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 30400.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056523  
Amount of Each Receipt this Period 1900.00

**B.** Full Name (Last, First, Middle Initial)  
Gloria Y. Paton  
Mailing Address 31 Samantha Dr.  
City Coram State NY Zip Code 11727  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6061097  
Amount of Each Receipt this Period 115.00

**C.** Full Name (Last, First, Middle Initial)  
Virginia Patterson  
Mailing Address 203 Santa Rosa Ave  
City Sausalito State CA Zip Code 94965-2036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 10 / 2009  
Transaction ID: C6069156  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2215.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Virginia Patterson

Mailing Address 203 Santa Rosa Ave

City Sausalito State CA Zip Code 94965-2036

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2009

**Transaction ID:** C6057823

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Margaret A. Patton

Mailing Address 807 SW Terrace Ave

City Topeka State KS Zip Code 66611-1218

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt 04 / 09 / 2009

**Transaction ID:** C6082629

Amount of Each Receipt this Period 66.00

**C.** Full Name (Last, First, Middle Initial)  
Margaret A. Patton

Mailing Address 807 SW Terrace Ave

City Topeka State KS Zip Code 66611-1218

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6073762

Amount of Each Receipt this Period 66.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 232.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 551

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Leonidas W. Payne

Mailing Address 284 York Ln.

City Washington State MO Zip Code 63090

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 16 / 2009

**Transaction ID:** C6071906

Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Warren H. Pearse

Mailing Address 10450 Lottsford Rd. Apt. 5005

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 20 / 2009

**Transaction ID:** C6066537

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Warren H. Pearse

Mailing Address 10450 Lottsford Rd. Apt. 5005

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6066538

Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... 405.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Trudy Peltier

Mailing Address 1928 Cambridge Dr.

City State Zip Code  
La Place LA 70068

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C6091581

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Pelz

Mailing Address 900 University St  
Apt 13P

City State Zip Code  
Seattle WA 98101-2778

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6088930

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Pennoyer

Mailing Address 33 E 70th St

City State Zip Code  
New York NY 10021-4941

FEC ID number of contributing federal political committee. **C**

Name of Employer Patterson Belknap Webb & Tyler Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6058365

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
JaMel Perkins  
Mailing Address 3565 Washington St  
City San Francisco State CA Zip Code 94118-1848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 04 / 20 / 2009  
Transaction ID: C6056359  
Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Guadalupe Perkis  
Mailing Address P.O. Box 445  
City San Antonio State FL Zip Code 33576  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056713  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Gordon B. Peters  
Mailing Address 824 Hinman Ave Apt. 2N  
City Evanston State IL Zip Code 60202-5906  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 24 / 2009  
Transaction ID: C6068176  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5250.00  
**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Katharine L. Picard

Mailing Address 3707 Raymond St

City State Zip Code  
Chevy Chase MD 20815-4149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Johns Hopkins U Librarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6068037

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Albert Plourde

Mailing Address 54 Highland Ave  
Unit 26

City State Zip Code  
Tewksbury MA 01876-3447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6083381

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Albert Plourde

Mailing Address 54 Highland Ave  
Unit 26

City State Zip Code  
Tewksbury MA 01876-3447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C6083380

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 390.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Albert Plourde

Mailing Address 54 Highland Ave  
Unit 26

City State Zip Code  
Tewksbury MA 01876-3447

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6078186

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Albert Plourde

Mailing Address 54 Highland Ave  
Unit 26

City State Zip Code  
Tewksbury MA 01876-3447

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6083379

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Albert Plourde

Mailing Address 54 Highland Ave  
Unit 26

City State Zip Code  
Tewksbury MA 01876-3447

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6073547

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Edward Pollak

Mailing Address 111 Lynn Ave  
Apt. 810

City Ames State IA Zip Code 50014-7191

FEC ID number of contributing federal political committee. C

Name of Employer Iowa State Univ Occupation Professor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 27 / 2009

**Transaction ID:** C6062624

Amount of Each Receipt this Period 450.00

**B.** Full Name (Last, First, Middle Initial)  
Kay K. Poyner

Mailing Address 11501 Bondurant Dr

City Richmond State VA Zip Code 23236-2474

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 09 / 2009

**Transaction ID:** C6082062

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Silas Prather

Mailing Address 1337 S 101St St  
Apt 121

City Omaha State NE Zip Code 68124-1095

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Management Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2009

**Transaction ID:** C6057265

Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... 705.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Carole Pratt

Mailing Address PO Box 64

City Philo State CA Zip Code 95466-0064

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 04 / 07 / 2009  
Transaction ID: C6059850  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Carole Pratt

Mailing Address PO Box 64

City Philo State CA Zip Code 95466-0064

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6064985  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Melretta Pratt

Mailing Address 7030 NW 28th Ave

City Miami State FL Zip Code 33147-6762

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt: 04 / 21 / 2009  
Transaction ID: C6065578  
Amount of Each Receipt this Period: 1200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Rosemary Pritzker		Date of Receipt <table border="1" style="font-size: small;"> <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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	2		2	0	0	9													
Mailing Address 1578 Noe St. Apt 4W		<b>Transaction ID:</b> C6090263																				
City San Francisco	State CA	Zip Code 94131																				
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span>																				
Name of Employer Self-Employed	Occupation Writer, Photographer																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span>																					

**B.**

Full Name (Last, First, Middle Initial) Howard E. Rachofsky		Date of Receipt <table border="1" style="font-size: small;"> <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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		3	0		2	0	0	9													
Mailing Address 8201 Preston Rd., Suite 400		<b>Transaction ID:</b> C6056500																				
City Dallas	State TX	Zip Code 75225																				
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span>																				
Name of Employer Dent Law Firm	Occupation Attorney																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span>																					

**C.**

Full Name (Last, First, Middle Initial) Bernard Raimo		Date of Receipt <table border="1" style="font-size: small;"> <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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		3	0		2	0	0	9													
Mailing Address 157 Kentucky Ave SE		<b>Transaction ID:</b> C6082714																				
City Washington	State DC	Zip Code 20003-1447																				
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span>																				
Name of Employer Dem Leader Us House Of Rep	Occupation Attorney																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Karen Reibstein

Mailing Address 942 Roscommon Rd

City State Zip Code  
Bryn Mawr PA 19010-1843

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6068867

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mary L. Riccobono

Mailing Address 1807 Restful Dr

City State Zip Code  
Bradenton FL 34207-4560

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6063553

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Richards

Mailing Address 592 E Beaumont Rd

City State Zip Code  
Columbus OH 43214-2272

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6082342

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **460.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jonathan Richman

Mailing Address 325 W End Ave  
Apt 5B

City State Zip Code  
New York NY 10023-8138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Debevoise & Plimpton Llp Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID:** C6062267

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Helena Riney

Mailing Address 7517 Swanson Ln

City State Zip Code  
Sarasota FL 34231-7918

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6058454

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Robert

Mailing Address 667 Madison Ave

City State Zip Code  
New York NY 10065-8029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Renaissance Institutional Management Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6007428

Amount of Each Receipt this Period  
30400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Owen W. Roberts

Mailing Address 4701 Fulton St NW

City Washington State DC Zip Code 20007-1024

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2009  
Transaction ID: C6060298  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Elmer Robinson

Mailing Address 668 Adams Ave

City Los Banos State CA Zip Code 93635-4702

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 16 / 2009  
Transaction ID: C6082625  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Linda Rockwell

Mailing Address P.O. Box 728

City West Kingston State RI Zip Code 02892

FEC ID number of contributing federal political committee. **C**

Name of Employer City of St. Louis Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: C6078828  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Sharon Rodgers

Mailing Address 7273 Pam Ln

City Terrell State TX Zip Code 75161-8046

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Health Resources Occupation Audit RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt 04 / 14 / 2009

Transaction ID: C6070592

Amount of Each Receipt this Period 111.00

**B.**

Full Name (Last, First, Middle Initial)  
Norma Rodriguez

Mailing Address 2101 W Summit Ave.

City San Antonio State TX Zip Code 78201

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6057376

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Debra M. Roepke

Mailing Address 616 Tivoli Psge

City Alexandria State VA Zip Code 22314-1900

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 04 / 21 / 2009

Transaction ID: C6078389

Amount of Each Receipt this Period 209.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **520.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Kenneth C. Rogers

Mailing Address 6202 Perthshire Ct

City State Zip Code  
Bethesda MD 20817-3348

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 0 9

**Transaction ID: C6088997**

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth C. Rogers

Mailing Address 6202 Perthshire Ct

City State Zip Code  
Bethesda MD 20817-3348

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 7 / 2 0 0 9

**Transaction ID: C6088998**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth C. Rogers

Mailing Address 6202 Perthshire Ct

City State Zip Code  
Bethesda MD 20817-3348

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID: C6088999**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Antonio M. Romanucci

Mailing Address 450 W Superior St

City State Zip Code  
Chicago IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Romanucci & Blandin Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C6056431

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Jan E. Ronis

Mailing Address 1100 Glorietta Blvd.

City State Zip Code  
San Diego CA 92118

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6085067

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
John L. Rosenfeld

Mailing Address 2401 Arbutus Dr

City State Zip Code  
Los Angeles CA 90049-1208

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 314.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6090045

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 551

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Karen B. Rosenstein

Mailing Address 17152 Village 17

City	State	Zip Code
camarillo	CA	93012

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6090326

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Karen B. rosenstein

Mailing Address 17152 Village 17

City	State	Zip Code
camarillo	CA	93012

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6090327

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen B. Ross

Mailing Address 2084 Flamingo Dr

City	State	Zip Code
Costa Mesa	CA	92626-4722

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: C6082677

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

175.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter Rossi

Mailing Address 34 Stagecoach Rd

City Amherst State MA Zip Code 01002-3527

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 28 / 2009

Transaction ID: C6062684

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Richard L. Roth

Mailing Address 1220 26th St

City Boulder State CO Zip Code 80302-6802

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6063018

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Arlene Rowe

Mailing Address 3521 Lake Oak Ridge Dr.

City Enterprise State AL Zip Code 36330

FEC ID number of contributing federal political committee. **C**

Name of Employer Coldwell Banker Prestige Occupation Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 155.00

Date of Receipt 04 / 29 / 2009

Transaction ID: C6090222

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jack Rubinsohn

Mailing Address 3272 Highfield Dr

City State Zip Code  
Bethlehem PA 18020-1153

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

**Transaction ID:** C6090093

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Jack Rubinsohn

Mailing Address 3272 Highfield Dr

City State Zip Code  
Bethlehem PA 18020-1153

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6090094

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Kay Ruma

Mailing Address 826 Reef Rd

City State Zip Code  
Vero Beach FL 32963-2921

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6089045

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **95.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald W. Runde		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address 26657 Humber St.		<b>Transaction ID:</b> C6078829		
	City Huntington Woods	State MI	Zip Code 48070	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 775.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Alton Russell		Date of Receipt MM / DD / YYYY 04 / 15 / 2009		
	Mailing Address 3501 Renzel Blvd Apt 251		<b>Transaction ID:</b> C6067923		
	City Fort Worth	State TX	Zip Code 76116-6637	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested	Occupation Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Arthur Sadin		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address 2207 Lakeway Dr		<b>Transaction ID:</b> C6056435		
	City Friendswood	State TX	Zip Code 77546-6179	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

**SUBTOTAL** of Receipts This Page (optional) .....

5155.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Jeannette Safran		Date of Receipt <table border="1" style="font-size: small;"> <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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	9													
Mailing Address 1200 N Adams Rd Unit 2		<b>Transaction ID:</b> C6070368																				
City Birmingham	State MI	Zip Code 48009-5567																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>120.00</td></tr> </table>	120.00																			
120.00																						
Name of Employer N/A	Occupation Retired																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>220.00</td></tr> </table>	220.00																				
220.00																						

**B.**

Full Name (Last, First, Middle Initial) Eric P. Salonen		Date of Receipt <table border="1" style="font-size: small;"> <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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	9													
Mailing Address 1638 Hobart St NW		<b>Transaction ID:</b> C6061675																				
City Washington	State DC	Zip Code 20009-3705																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>	250.00																			
250.00																						
Name of Employer Stewart and Stewart	Occupation Attorney																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>850.00</td></tr> </table>	850.00																				
850.00																						

**C.**

Full Name (Last, First, Middle Initial) Robert D. Sanchez		Date of Receipt <table border="1" style="font-size: small;"> <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>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	9													
Mailing Address 14110 Tallow Point Ct		<b>Transaction ID:</b> C6075299																				
City Houston	State TX	Zip Code 77062-8047																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>25.00</td></tr> </table>	25.00																			
25.00																						
Name of Employer Jacobs Engineering	Occupation Contracts Admin																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>245.00</td></tr> </table>	245.00																				
245.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%; text-align: center;"> <tr><td>395.00</td></tr> </table>	395.00
395.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"></table>	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert D. Sanchez

Mailing Address 14110 Tallow Point Ct

City State Zip Code  
Houston TX 77062-8047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jacobs Engineering Contracts Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6083722

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Susan Sandler

Mailing Address 553 Arkansas St.

City State Zip Code  
San Francisco CA 94107-2817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Justice Matters Institute Policy Advocate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056490

Amount of Each Receipt this Period  
15200.00

**C.** Full Name (Last, First, Middle Initial)  
Roger W. Sant

Mailing Address 2929 N St NW

City State Zip Code  
Washington DC 20007-3342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AES Corporation Founders

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056517

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 20240.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Victoria P. Sant

Mailing Address 2929 N St NW

City State Zip Code  
Washington DC 20036-3433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Summit Foundation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056568

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)

Gaile B Sarma

Mailing Address 140 Autumn Hill Rd

City State Zip Code  
Princeton NJ 08540-2912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6074962

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)

Marjorie Satz

Mailing Address 5 Bayard Rd  
Apt 818

City State Zip Code  
Pittsburgh PA 15213-1907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northern SW Community Mh/- Mr Ct. Social Worker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6074786

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5450.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 551  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Harold H. Saunders

Mailing Address 2101 Lorraine Ave

City State Zip Code  
Mc Lean VA 22101-5332

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

Transaction ID: C6071122

Amount of Each Receipt this Period  
210.00

**B.** Full Name (Last, First, Middle Initial)  
Lisa Savitt

Mailing Address 5824 Bradley Blvd.

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

Transaction ID: C6074426

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Richard A. Sayles

Mailing Address 1201 Elm St Ste 4400

City State Zip Code  
Dallas TX 75270-2107

FEC ID number of contributing federal political committee. **C**

Name of Employer Sayles & Lidji Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: C6056460

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2235.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Juliette J Schick

Mailing Address 7077 Applewood Dr

City State Zip Code  
Madison WI 53719-4949

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Scilog Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6077647

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Alice L. Schonfeld

Mailing Address 2848 Avenida Valera

City State Zip Code  
Carlsbad CA 92009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United States Postal Service Letter Carrier

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID:** C6066895

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Alice S. Schulman

Mailing Address 5 Marsh Millet Ct.

City State Zip Code  
Spring TX 77380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6073343

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Naoko Scott

Mailing Address 225 E 57th St

City State Zip Code  
New York NY 10022-2822

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6058520

Amount of Each Receipt this Period  
240.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael N. Searles

Mailing Address P.O. Box 464

City State Zip Code  
Waynesboro GA 30830

FEC ID number of contributing federal political committee. **C**

Name of Employer Augusta State Univ Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 221.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6078881

Amount of Each Receipt this Period  
111.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert E Selleck

Mailing Address 7092 Sayre Dr

City State Zip Code  
Piedmont CA 94611-1429

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6063715

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

431.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Lorenzo Semple

Mailing Address 1181 McClellan Dr.

City State Zip Code  
Los Angeles CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6078888

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Marie L. Serra

Mailing Address 255 Evernia St. Apt. 1303

City State Zip Code  
West Palm Beach FL 33401

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C6084895

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Suzanne G. Seton

Mailing Address 1960 Vallejo St Apt 2

City State Zip Code  
San Francisco CA 94123-4944

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C6059735

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Suzanne G. Seton		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 1960 Vallejo St Apt 2		<b>Transaction ID:</b> C6064790
City San Francisco	State CA	Zip Code 94123-4944
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) Muriel S. Sevens		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 22215 144th Ave SE		<b>Transaction ID:</b> C6074188
City Kent	State WA	Zip Code 98042-3153
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

**C.**

Full Name (Last, First, Middle Initial) Muriel S. Sevens		Date of Receipt MM / DD / YYYY 04 / 30 / 2009
Mailing Address 22215 144th Ave SE		<b>Transaction ID:</b> C6074189
City Kent	State WA	Zip Code 98042-3153
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	385.00
<b>TOTAL</b> 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 208 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Freema Shapiro

Mailing Address 170 Brattle St

City State Zip Code  
Cambridge MA 02138-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6063134

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Irving E. Sheffel

Mailing Address 1215 SW 29th Ter  
Apt 4

City State Zip Code  
Topeka KS 66611-2192

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 258.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6077935

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
Louise Sherikar

Mailing Address 27542 Halcon

City State Zip Code  
Mission Viejo CA 92691

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C6084950

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

375.00

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Clyde Shorey

Mailing Address 3033 W Lane Kys NW

City State Zip Code  
Washington DC 20007-3057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6059190

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Siegel

Mailing Address 7426 Kenshire Ln

City State Zip Code  
Dallas TX 75230-2408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Walters & Kraus Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056476

Amount of Each Receipt this Period  
25000.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul S. Simmons

Mailing Address 2514 Oakenshield Road

City State Zip Code  
Davis CA 95616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Somach, Simmons, & Dunn Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6056405

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

26500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Daniel A. Simon

Mailing Address 45 W 60th St  
Apt 15A

City State Zip Code  
New York NY 10023-7943

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2009

**Transaction ID:** C6056388

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel A. Simon

Mailing Address 45 W 60th St  
Apt 15A

City State Zip Code  
New York NY 10023-7943

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2009

**Transaction ID:** C6056390

Amount of Each Receipt this Period  
20400.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Bromberg Simon

Mailing Address Hc 67 Box 1252

City State Zip Code  
Big Sur CA 93920

FEC ID number of contributing federal political committee. **C**

Name of Employer WBLLC Occupation Product Development Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6090207

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25450.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter Bromberg Simon

Mailing Address Hc 67 Box 1252

City Big Sur State CA Zip Code 93920

FEC ID number of contributing federal political committee. **C**

Name of Employer WBLLC Occupation Product Development Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 04 / 01 / 2009  
**Transaction ID: C6090208**  
 Amount of Each Receipt this Period: 35.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Bromberg Simon

Mailing Address Hc 67 Box 1252

City Big Sur State CA Zip Code 93920

FEC ID number of contributing federal political committee. **C**

Name of Employer WBLLC Occupation Product Development Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 04 / 18 / 2009  
**Transaction ID: C6090209**  
 Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Bromberg Simon

Mailing Address Hc 67 Box 1252

City Big Sur State CA Zip Code 93920

FEC ID number of contributing federal political committee. **C**

Name of Employer WBLLC Occupation Product Development Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 04 / 28 / 2009  
**Transaction ID: C6090210**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Carol Noell Sims

Mailing Address 1252 Loch Tanna Loop

City State Zip Code  
Saint Johns FL 32259

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baptist Health Physician Assistant

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 325.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	9

**Transaction ID:** C6090444

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Linda D. Sisson

Mailing Address 5525 Riverbend Dr.

City State Zip Code  
Knoxville TN 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	0	9

**Transaction ID:** C6061310

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Barry Skeist

Mailing Address 738 Douglas Dr

City State Zip Code  
Waverly NY 14892-9509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Guthrie Clinic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** C6059983

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Edward A. Smeloff

Mailing Address 302 Jetty Drive

City Richmond State CA Zip Code 95804

FEC ID number of contributing federal political committee. **C**

Name of Employer SunPower Corporation Occupation Principal US Utilities

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056418

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Harlan Smith

Mailing Address 1706 Ryan Ave W

City Saint Paul State MN Zip Code 55113-5613

FEC ID number of contributing federal political committee. **C**

Name of Employer U of MN Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 13 / 2009

Transaction ID: C6077375

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Roberta Smith

Mailing Address 1818 Green Jays Ct.

City Corpus Christi State TX Zip Code 78418

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 04 / 24 / 2009

Transaction ID: C6089163

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Walter H. Sokel		Date of Receipt <table border="1" style="font-size: small; border-collapse: collapse;"> <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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		3	0		2	0	0	9													
Mailing Address 1650 Jackson St Apt 609		<b>Transaction ID:</b> C6057739																				
City San Francisco	State CA	Zip Code 94109-3031																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>160.00</td></tr> </table>	160.00																			
160.00																						
Name of Employer N/A	Occupation Retired																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>320.00</td></tr> </table>	320.00																				
320.00																						

**B.**

Full Name (Last, First, Middle Initial) Martha Solano		Date of Receipt <table border="1" style="font-size: small; border-collapse: collapse;"> <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>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	1		2	0	0	9													
Mailing Address 2848 US Highway 30		<b>Transaction ID:</b> C6088689																				
City Batavia	State OH	Zip Code 45103-9520																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>50.00</td></tr> </table>	50.00																			
50.00																						
Name of Employer Self-Employed	Occupation Consultant																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>450.00</td></tr> </table>	450.00																				
450.00																						

**C.**

Full Name (Last, First, Middle Initial) Martha Solano		Date of Receipt <table border="1" style="font-size: small; border-collapse: collapse;"> <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>0</td><td>9</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	9													
Mailing Address 2848 US Highway 30		<b>Transaction ID:</b> C6088690																				
City Batavia	State OH	Zip Code 45103-9520																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer Self-Employed	Occupation Consultant																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>450.00</td></tr> </table>	450.00																				
450.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%; text-align: center;"> <tr><td>310.00</td></tr> </table>	310.00
310.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Arlene Solomon

Mailing Address 5501 E El Cedral St.

City State Zip Code  
Long Beach CA 90815

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6084644

Amount of Each Receipt this Period  
450.00

**B.**

Full Name (Last, First, Middle Initial)  
Stuart L. Somach

Mailing Address 2657 Montgomery Way

City State Zip Code  
Sacramento CA 95818

FEC ID number of contributing federal political committee. **C**

Name of Employer Somach, Simmons & Dunn Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6056404

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Christine Spagnoli

Mailing Address 1303 Hill St

City State Zip Code  
Santa Monica CA 90405-4723

FEC ID number of contributing federal political committee. **C**

Name of Employer Greene, Broillett, Taylor & Wheeler Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056425

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Viola Spalding  
 Mailing Address 43641 Henson Rd.  
 City Hempstead State TX Zip Code 77445  
 Date of Receipt 04 / 30 / 2009  
 Transaction ID: C6073828  
 Amount of Each Receipt this Period 900.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 900.00

**B.** Full Name (Last, First, Middle Initial)  
Helen B. Spaulding  
 Mailing Address 220 Boylston St Apt 1003  
 City Boston State MA Zip Code 02116-3948  
 Date of Receipt 04 / 14 / 2009  
 Transaction ID: C6068240  
 Amount of Each Receipt this Period 450.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 450.00

**C.** Full Name (Last, First, Middle Initial)  
Jackson Spievolgel  
 Mailing Address 424 W Fairmount Ave  
 City State College State PA Zip Code 16801-4612  
 Date of Receipt 04 / 14 / 2009  
 Transaction ID: C6082382  
 Amount of Each Receipt this Period 35.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Writer Occupation Water Planner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 235.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1385.00  
**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 217 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jackson Spievolgel  
Mailing Address 424 W Fairmount Ave  
City State Zip Code  
State College PA 16801-4612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Writer Water Planner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00  
Date of Receipt: 04 / 16 / 2009  
Transaction ID: C6068447  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Jane Spragg  
Mailing Address 56 N Spring St. Apt. 1  
City State Zip Code  
Concord NH 03301  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Information Requested Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt: 04 / 09 / 2009  
Transaction ID: C6060559  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
D. Spriestersbach  
Mailing Address 2 Longview Knl NE  
City State Zip Code  
Iowa City IA 52240-9148  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
N/A Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6070854  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mae Stadler

Mailing Address 241 E Bellevue Ave

City San Mateo State CA Zip Code 94401-2304

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID: C6071077**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Stampfl

Mailing Address 2435 Jonila Avenue

City Lakeland State FL Zip Code 33803

FEC ID number of contributing federal political committee. **C**

Name of Employer Bartow Public Library Occupation Librarian

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 29 / 2009  
**Transaction ID: C6089085**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Marc R. Stanley

Mailing Address 7403 Midbury Dr

City Dallas State TX Zip Code 75230-3205

FEC ID number of contributing federal political committee. **C**

Name of Employer Stanley Mandel & Iola Occupation Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID: C6056524**  
 Amount of Each Receipt this Period: 25000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce Stark

Mailing Address 3770 Onyx St

City State Zip Code  
Eugene OR 97405-4332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6057936

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)

Mittie S. Staton

Mailing Address 5215 Partridge St.

City State Zip Code  
Durham NC 27704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6058060

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Stein

Mailing Address 235 Walker St  
Apt 258

City State Zip Code  
Lenox MA 01240-2749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: C6061892

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Carleton H. Steins

Mailing Address 339 Sea Oats Trl  
Unit 351

City State Zip Code  
Southrn Shore NC 27949-9003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6063894

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Vera Stern

Mailing Address 2150 Fort Sanders St

City State Zip Code  
Henderson NV 89052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6090504

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Frances L. Stewart

Mailing Address 2400 N Bell Ave  
# 41

City State Zip Code  
Denton TX 76209-1913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6028.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: C6071733

Amount of Each Receipt this Period  
4320.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

4670.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John R. Stewart  
Mailing Address 480 E St.  
City State Zip Code  
Salt Lake City UT 84103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00  
Date of Receipt: 04 / 10 / 2009  
Transaction ID: C6083887  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
John R. Stewart  
Mailing Address 480 E St.  
City State Zip Code  
Salt Lake City UT 84103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00  
Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6083888  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
John D. Stoner  
Mailing Address 106 Hollar Ave  
City State Zip Code  
Shippensburg PA 17257-2134  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Veterinarian  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 04 / 16 / 2009  
Transaction ID: C6083713  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 222 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Charlie Strange

Mailing Address 404 Lowry St

City State Zip Code  
Kerrville TX 78028-5237

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 17 / 2009  
Transaction ID: C6068282  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Patricia Sturdevant

Mailing Address 1836 8th Ave.

City State Zip Code  
Sacramento CA 95818

FEC ID number of contributing federal political committee. **C**

Name of Employer State of California Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 527.80

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056510  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel F Sullivan

Mailing Address 359 Church St

City State Zip Code  
San Francisco CA 94114-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: C6069946  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Emanuel Suter		Date of Receipt MM / DD / YYYY 04 / 10 / 2009
Mailing Address 250 Pantops Mountain Road, Apt. 30		<b>Transaction ID:</b> C6089525
City Charlottesville	State VA	Zip Code 22911
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**B.**

Full Name (Last, First, Middle Initial) Emanuel Suter		Date of Receipt MM / DD / YYYY 04 / 22 / 2009
Mailing Address 250 Pantops Mountain Road, Apt. 30		<b>Transaction ID:</b> C6089526
City Charlottesville	State VA	Zip Code 22911
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) Emanuel Suter		Date of Receipt MM / DD / YYYY 04 / 22 / 2009
Mailing Address 250 Pantops Mountain Road, Apt. 30		<b>Transaction ID:</b> C6089527
City Charlottesville	State VA	Zip Code 22911
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 224 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Emanuel Suter

Mailing Address 250 Pantops Mountain Road, Apt. 30

City State Zip Code  
Charlottesville VA 22911

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: C6089528  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Alice Swan

Mailing Address 5451 Calle Pico

City State Zip Code  
Laguna Woods CA 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6084931  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Darian W. Swig

Mailing Address 377 Marina Blvd

City State Zip Code  
San Francisco CA 94123-1213

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056518  
Amount of Each Receipt this Period: 10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10150.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Babette Taghechian

Mailing Address 11 Clear Springs Ct

City State Zip Code  
Sugar Land TX 77479

FEC ID number of contributing federal political committee. **C**

Name of Employer Traders International Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6089327

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Tanner

Mailing Address 501 E 85th St.

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6067675

Amount of Each Receipt this Period  
111.00

**C.**

Full Name (Last, First, Middle Initial)  
John Taroli

Mailing Address 34522 S Rivals Rd

City State Zip Code  
Wilmington IL 60481-9786

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6064473

Amount of Each Receipt this Period  
230.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **441.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John Taylor

Mailing Address 119 Lee Creek Rd.

City Fayetteville State TN Zip Code 37334

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Landscape Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 28 / 2009

Transaction ID: C6090223

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert O. Taylor

Mailing Address 1112 Riviera Dr

City Norman State OK Zip Code 73072-7611

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 19 / 2009

Transaction ID: C6070940

Amount of Each Receipt this Period 60.00

**C.** Full Name (Last, First, Middle Initial)  
Suzanne M. Taylor

Mailing Address 1024 Rio Cidade Way

City Sacramento State CA Zip Code 95831-4484

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056429

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2310.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 227 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mark Thierry

Mailing Address 2305 Shady Cove Ct.

City Pearlland State TX Zip Code 77584

FEC ID number of contributing federal political committee. **C**

Name of Employer Joseph and Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 04 / 29 / 2009

Transaction ID: C6056478

Amount of Each Receipt this Period 30400.00

**B.** Full Name (Last, First, Middle Initial)  
Dean Thomas

Mailing Address 1310 N Meade St Apt 14

City Arlington State VA Zip Code 22209-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer National Beer Wholesalers Association Occupation Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.87

Date of Receipt 04 / 08 / 2009

Transaction ID: C6007334

Amount of Each Receipt this Period 241.87

**C.** Full Name (Last, First, Middle Initial)  
Tina A. Thomas

Mailing Address 2722 Coleman Way

City Sacramento State CA Zip Code 95818

FEC ID number of contributing federal political committee. **C**

Name of Employer Law offices of Tina Thomas Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 27 / 2009

Transaction ID: C6056412

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35641.87

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John N. Thompson  
 Mailing Address R.R. #1 Box 225C  
 City State Zip Code  
 Wellston OK 74881  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 3 / 2 0 0 9  
**Transaction ID:** C6088649  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 560.00

**B.** Full Name (Last, First, Middle Initial)  
Kimberly Thompson  
 Mailing Address 6400 Christie Ave  
 Apt 5220  
 City State Zip Code  
 Emeryville CA 94608-1046  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 9  
**Transaction ID:** C6058775  
 Amount of Each Receipt this Period  
 210.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Student Volunteer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00

**C.** Full Name (Last, First, Middle Initial)  
Vivian N. Thompson  
 Mailing Address 1701 E 1500 Rd.  
 City State Zip Code  
 Lawrence KS 66044  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 7 / 2 0 0 9  
**Transaction ID:** C6066870  
 Amount of Each Receipt this Period  
 130.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 215.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 440.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Donald Thomson

Mailing Address 941121 Hilihua Pl.

City State Zip Code  
Waipahu HI 96797

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C6078932

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Tilley

Mailing Address 3065 Vandiver Dr  
R.R. 7

City State Zip Code  
Marietta GA 30066

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6063117

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Barbara Tilley

Mailing Address 3065 Vandiver Dr  
R.R. 7

City State Zip Code  
Marietta GA 30066

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

**Transaction ID:** C6058998

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Miles Tilly

Mailing Address 2300 East Valley Parkway  
SPC 116

City Escondido State CA Zip Code 92027

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Disabled

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C6089381

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Terry W. Tilson

Mailing Address 8631 Buena Tierra PI

City Buena Park State CA Zip Code 90621-1003

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9

**Transaction ID:** C6071361

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Roy Titterton

Mailing Address 885 Heritage Hills

City Somers State NY Zip Code 10589

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6089174

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2635.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary Tjosvold

Mailing Address 1555 118th Ln NW

City State Zip Code  
Coon Rapids MN 55448-7579

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mary T. Inc. Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6089690

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Alex Toledo

Mailing Address 2907 Barcelona Rd SW

City State Zip Code  
Albuquerque NM 87105-5549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bernalillo Co. Parks & Rec Laborer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6057504

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Martha G. Tolles

Mailing Address 860 Oxford Rd

City State Zip Code  
San Marino CA 91108-1214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Author

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 9

Transaction ID: C6091208

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

225.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 551

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Tomas M. Torres

Mailing Address 13510 White Oak Landing Blvd

City State Zip Code  
Houston TX 77065-3124

FEC ID number of contributing federal political committee. C

Name of Employer Corporate Staffing Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6073818

Amount of Each Receipt this Period  
600.00

**B.**

Full Name (Last, First, Middle Initial)  
Eligio Rivera Trinidad

Mailing Address 1128 N Heliotrope Dr

City State Zip Code  
Los Angeles CA 90029

FEC ID number of contributing federal political committee. C

Name of Employer CSA International Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C6090366

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Marian Trotter

Mailing Address 250 Pantops Mountain Rd  
Apt 13

City State Zip Code  
Charlottesville VA 22911-8600

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6065758

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1150.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
William Tschappat

Mailing Address 1301 W Broadway St.

City State Zip Code  
Mt Pleasant MI 48858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
US Dept of Labor Safety Inspector

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6066117

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Updegraff

Mailing Address P.O. Box 308

City State Zip Code  
Pleasant Hill TN 38578

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6072613

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Laszlo K Urban

Mailing Address 7108 Ridgewood Ave

City State Zip Code  
Chevy Chase MD 20815-5148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Catholic University of America Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

**Transaction ID:** C6070240

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Howard Vandervliet

Mailing Address 117 Glendale Rd.

City State Zip Code  
Park Ridge NJ 07656

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6058173

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Rayburn Velk

Mailing Address Hc 30

City State Zip Code  
Havre MT 59501-9801

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Farmer/Rancher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6078419

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Jerald L. Venger

Mailing Address 4910 Capitol Ave.

City State Zip Code  
Omaha NE 68132

FEC ID number of contributing federal political committee. C

Name of Employer Omaha Temporary Svc Occupation Driver

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6078916

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Hans Von Briesen

Mailing Address 208 Sereno Dr

City State Zip Code  
Santa Fe NM 87501-1536

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 04 / 01 / 2009  
Transaction ID: C6089878  
Amount of Each Receipt this Period: 20.00

**B.** Full Name (Last, First, Middle Initial)  
Jerome Walker

Mailing Address 343 Hertford Cir

City State Zip Code  
Decatur GA 30030-1031

FEC ID number of contributing federal political committee. **C**

Name of Employer Neurology & Headache Specialist Occupation Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 29 / 2009  
Transaction ID: C6060102  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Walter

Mailing Address 1705 Millwright Ct.

City State Zip Code  
Raleigh NC 27614

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 04 / 22 / 2009  
Transaction ID: C6090168  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 370.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Helen Wardeberg  
Mailing Address 5250 Vernon Ave. S Apt. 603  
City State Zip Code  
Minneapolis MN 55436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt: 04 / 13 / 2009  
Transaction ID: C6073129  
Amount of Each Receipt this Period: 105.00

**B.** Full Name (Last, First, Middle Initial)  
Todd Warnock  
Mailing Address 889 Sheridan Rd.  
City State Zip Code  
Winnetka IL 60093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt: 04 / 09 / 2009  
Transaction ID: C6084205  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Todd Warnock  
Mailing Address 889 Sheridan Rd.  
City State Zip Code  
Winnetka IL 60093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt: 04 / 24 / 2009  
Transaction ID: C6084206  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 305.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Casey Wasserman

Mailing Address 12100 Olympic Blvd.  
Suite 400

City State Zip Code  
Los Angeles CA 90064

FEC ID number of contributing federal political committee. **C**

Name of Employer Wasserman Media Group, LLC      Occupation Chairman & CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056488  
Amount of Each Receipt this Period: 30400.00

**B.** Full Name (Last, First, Middle Initial)  
Edith Wasserman

Mailing Address 10100 Santa Monica Blvd.  
Ste 1300

City State Zip Code  
Los Angeles CA 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A      Occupation Retired

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056489  
Amount of Each Receipt this Period: 30400.00

**C.** Full Name (Last, First, Middle Initial)  
C. Andrew Waters

Mailing Address 3219 McKinney Ave

City State Zip Code  
Dallas TX 75204-2472

FEC ID number of contributing federal political committee. **C**

Name of Employer Waters & Kraus      Occupation Attorney

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056479  
Amount of Each Receipt this Period: 30400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 91200.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Louis Watson

Mailing Address 1708 Ferndale Cir

City State Zip Code  
West Sacramento CA 95691-4036

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6058983

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Eric Wedel

Mailing Address 1023 Tulane Dr

City State Zip Code  
Mountain View CA 94040-3651

FEC ID number of contributing federal political committee. **C**

Name of Employer Bluearc Occupation Sw Eng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2009

**Transaction ID:** C6089886

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Alex. Weilenmann

Mailing Address 307 S. Dithridge Street, Apt. 509

City State Zip Code  
Pittsburgh PA 15213

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6089232

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 551  
(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jon Weintraub  
 Mailing Address 3219 Morrison St NW  
 City Washington State DC Zip Code 20015-1636  
 Date of Receipt 04 / 30 / 2009  
**Transaction ID:** C6068976  
 Amount of Each Receipt this Period 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
Carl Weisbrod  
 Mailing Address 11551 Forest Central Dr Ste 300  
 City Dallas State TX Zip Code 75243-3924  
 Date of Receipt 04 / 30 / 2009  
**Transaction ID:** C6056471  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Morgan & Weisbrod Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Les F. Weisbrod  
 Mailing Address 9900 Preston Rd  
 City Dallas State TX Zip Code 75230-5046  
 Date of Receipt 04 / 30 / 2009  
**Transaction ID:** C6056469  
 Amount of Each Receipt this Period 30400.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Weisbrod & Weisbrod Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 31600.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert J. Weiss

Mailing Address 10 Cromwell Dr

City Orono State ME Zip Code 04473-3639

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: C6059058  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Fred Weitz

Mailing Address 400 Locust St Suite 830

City Des Moines State IA Zip Code 50309

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 29 / 2009  
Transaction ID: C6056433  
Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Stevenson Weitz

Mailing Address 2101 Connecticut Ave. NW Apt. 32

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: C6066598  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Nick Weitzel

Mailing Address 4823 Sussex Drive

City San Diego State CA Zip Code 92116

FEC ID number of contributing federal political committee. **C**

Name of Employer Scripps Health Occupation RN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 13 / 2009  
**Transaction ID:** C6071921  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Sandy Wendte

Mailing Address 3855 Evergreen Ave.

City Ketchikan State AK Zip Code 99901

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt: 04 / 28 / 2009  
**Transaction ID:** C6075802  
 Amount of Each Receipt this Period: 111.00

**C.** Full Name (Last, First, Middle Initial)  
Eric Karl Wepsic

Mailing Address 255 W 84th St Apt 7C

City New York State NY Zip Code 10024-4336

FEC ID number of contributing federal political committee. **C**

Name of Employer D.E. Shaw & Co. Occupation Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** C6056474  
 Amount of Each Receipt this Period: 30400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30561.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 551  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Eula West

Mailing Address 7 Avenida Vista Grande  
# 234

City State Zip Code  
Santa Fe NM 87508-9198

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: C6077563

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Eula West

Mailing Address 7 Avenida Vista Grande  
# 234

City State Zip Code  
Santa Fe NM 87508-9198

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6077562

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Gloria Westfall

Mailing Address 800 Bell Trace Cir  
Apt 326

City State Zip Code  
Bloomington IN 47408-4403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C6071736

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 551  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
William P. Wewer

Mailing Address 1731 W Medical Center Dr  
Apt. 372

City Anaheim State CA Zip Code 92801-1837

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C6083007

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
William P. Wewer

Mailing Address 1731 W Medical Center Dr  
Apt. 372

City Anaheim State CA Zip Code 92801-1837

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6064362

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Madelin M. Wexler

Mailing Address 1754 N Saint Michaels Ct

City Chicago State IL Zip Code 60614-5616

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6082773

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Madelin M. Wexler

Mailing Address 1754 N Saint Michaels Ct

City State Zip Code  
Chicago IL 60614-5616

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 281.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C6077683

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Booker T. White

Mailing Address 8142 Lurline Ave

City State Zip Code  
Winnetka CA 91306-1731

FEC ID number of contributing federal political committee. **C**

Name of Employer BTW Productions Inc Occupation Musician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6091212

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Harrison White

Mailing Address 205 Garrett Rd # A

City State Zip Code  
Windsor NY 13865-1606

FEC ID number of contributing federal political committee. **C**

Name of Employer Bearsch Compéau Knudson Architects & E Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6090829

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial) Harrison White		Date of Receipt MM / DD / YYYY 04 / 27 / 2009
Mailing Address 205 Garrett Rd # A		Transaction ID: C6090830
City Windsor	State Zip Code NY 13865-1606	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Bearsch Compéau Knudson Architects & E	Occupation Manager	Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Nancy G. Whitney		Date of Receipt MM / DD / YYYY 04 / 24 / 2009
Mailing Address 26 Night Heron Drive		Transaction ID: C6082614
City Stony Brook	State Zip Code NY 11790-1108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SUNY Stony Brook	Occupation Professor	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Alonzo B. Wickers		Date of Receipt MM / DD / YYYY 04 / 09 / 2009
Mailing Address 8766 Lookout Mountain Ave		Transaction ID: C6075231
City Los Angeles	State Zip Code CA 90046-1859	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Davis Wright Tremaine	Occupation Attorney	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> 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 246 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Carol Wieckowski Dreyer

Mailing Address 7030 Grant Ave

City State Zip Code  
Carmichael CA 95608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Duncan, Ball & Evans Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056423

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Paul Wiita

Mailing Address 139 Random Rd

City State Zip Code  
Princeton NJ 08540-4145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Georgia State Univ Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2009

**Transaction ID:** C6077571

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
J. McDonald Williams

Mailing Address 4715 Wildwood Rd

City State Zip Code  
Dallas TX 75209-1929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056457

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Lucia M. Williams

Mailing Address 409 S Pine St.

City State Zip Code  
Spartanburg SC 29302

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C6076411

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Sheila Williams

Mailing Address 3935 Canterbury Dr

City State Zip Code  
Saint Louis MO 63121-2501

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
Normandy School District Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6077656

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
David P. Willis

Mailing Address 25 Central Park West  
Apt. 14-S

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6089125

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **425.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Janet T. Wilson

Mailing Address 10695 N Lung Ln

City State Zip Code  
Syracuse IN 46567-9626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6065666

Amount of Each Receipt this Period  
450.00

**B.**

Full Name (Last, First, Middle Initial)  
Nancy Wilson

Mailing Address 3300 Darby Rd  
Apt 5203

City State Zip Code  
Haverford PA 19041-7706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6058686

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Roger V. Wilson

Mailing Address 8622 Oak Level Church Rd

City State Zip Code  
Stokesdale NC 27357-9229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6064478

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 551  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jerene J. Winocour

Mailing Address 2307 Lower Port Caddo Rd

City State Zip Code  
Marshall TX 75672-2231

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 527.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** C6083246

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerene J. Winocour

Mailing Address 2307 Lower Port Caddo Rd

City State Zip Code  
Marshall TX 75672-2231

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 527.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6083247

Amount of Each Receipt this Period  
327.00

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan Wittwer

Mailing Address 1927 Smith Grade

City State Zip Code  
Santa Cruz CA 95060-9758

FEC ID number of contributing federal political committee. **C**

Name of Employer Wittwer & Parkin, LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2009

**Transaction ID:** C6088665

Amount of Each Receipt this Period  
140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **667.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jonathan Wolff

Mailing Address 531 Fairfield Dr.

City State Zip Code  
Louisville KY 40206

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6078672

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City State Zip Code  
Columbus OH 43215-5236

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
272.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C6083103

Amount of Each Receipt this Period  
15.00

**C.**

Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City State Zip Code  
Columbus OH 43215-5236

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
272.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6083100

Amount of Each Receipt this Period  
29.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **294.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City Columbus State OH Zip Code 43215-5236

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID: C6083101**  
 Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City Columbus State OH Zip Code 43215-5236

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID: C6083102**  
 Amount of Each Receipt this Period: 15.00

**C.** Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City Columbus State OH Zip Code 43215-5236

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt: 04 / 28 / 2009  
**Transaction ID: C6075049**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 551  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City State Zip Code  
Columbus OH 43215-5236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 272.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6073494

Amount of Each Receipt this Period  
55.00

**B.**

Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City State Zip Code  
Columbus OH 43215-5236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 272.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6073495

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Cecily Young

Mailing Address 4126 Marcasel Ave.

City State Zip Code  
Los Angeles CA 90066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Architect

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6084488

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

130.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Young

Mailing Address 145 Clinton St

City State Zip Code  
Brooklyn NY 11201-4616

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2009

**Transaction ID:** C6089042

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Wei Young

Mailing Address 5978 Greenridge Rd

City State Zip Code  
Castro Valley CA 94552-1818

FEC ID number of contributing federal political committee. **C**

Name of Employer The Youngs Association Occupation  
Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6061981

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Laverne Youngquist

Mailing Address 4003 29th Ave

City State Zip Code  
Rock Island IL 61201-5816

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6070021

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **455.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 551

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Robert R. Younkin

Mailing Address 2001 120th Pl. SE Apt. 3101

City State Zip Code  
Everett WA 98208

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
04 / 09 / 2009

**Transaction ID:** C6086248

Amount of Each Receipt this Period  
209.00

**B.**

Full Name (Last, First, Middle Initial)  
Martha Ann Yows

Mailing Address 200 Yows Ln

City State Zip Code  
Gatesville TX 76528-3414

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
04 / 14 / 2009

**Transaction ID:** C6059545

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Martha Ann Yows

Mailing Address 200 Yows Ln

City State Zip Code  
Gatesville TX 76528-3414

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
04 / 22 / 2009

**Transaction ID:** C6070544

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 409.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John J. Yuknavage  
Mailing Address 47 Ann St.  
City Pottsville State PA Zip Code 17901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 03 / 2009  
Transaction ID: C6090257  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
John J. Yuknavage  
Mailing Address 47 Ann St.  
City Pottsville State PA Zip Code 00001-7901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 29 / 2009  
Transaction ID: C6090258  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Zoretich  
Mailing Address 818 Eagle Pkwy  
City Brownsburg State IN Zip Code 46112-9777  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6063359  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Barry Zucker

Mailing Address 98 Lookout Rd

City State Zip Code  
Mountain Lakes NJ 07046-1206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JB Hanaver Co Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6059245

Amount of Each Receipt this Period  
220.00

**B.** Full Name (Last, First, Middle Initial)  
Gary True

Mailing Address 1 Timber Bluff Ct.

City State Zip Code  
Glen Carbon IL 62034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hepler Broom Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID:** C6065995

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy True

Mailing Address PO Box 1092

City State Zip Code  
Penney Farms FL 32079-1092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6078190

Amount of Each Receipt this Period  
160.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **580.00**

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Shakopee Mdewakanton Sioux Community

Mailing Address 2330 Sioux Trl NW

City State Zip Code  
Prior Lake MN 55372-9077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

**Transaction ID:** C6007431

Amount of Each Receipt this Period  
15000.00

**B.** Full Name (Last, First, Middle Initial)  
Mille Lacs Band of Ojibwe

Mailing Address 43408 Oodena Dr

City State Zip Code  
Onamia MN 56359-2236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

**Transaction ID:** C6007433

Amount of Each Receipt this Period  
15000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>30000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1196020.48</b>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
CA Nurses Assoc./ National Nurses Organizing PAC

Mailing Address 555 Capitol Mall  
Ste 1425

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00360438

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6056396

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Surewest Communications PAC

Mailing Address 455 Capitol Mall, Ste 801

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00372789

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6007347

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Sempra Energy Employees PAC

Mailing Address 101 Ash St  
# HQ15B

City State Zip Code  
San Diego CA 92101-3017

FEC ID number of contributing federal political committee. **C** C00008748

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6007358

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 551  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
PG&E Corporation Energy Political Action Committee

Mailing Address 77 Beale Street  
PO Box 770000B29H

City San Francisco State CA Zip Code 94177-0001

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6056377

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Power PAC of Edison Electric Institute

Mailing Address 701 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056450

Amount of Each Receipt this Period  
15000.00

**C.** Full Name (Last, First, Middle Initial)  
American Society of Anesthesiologists Inc. PAC (ASAPAC)

Mailing Address 1101 Vermont Avenue, NW  
Sutie 606

City Washignton State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6056395

Amount of Each Receipt this Period  
12500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 32500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)  
 11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
College of American Pathologists PAC

Mailing Address 1350 I Street NW  
Suite 590

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6056365

Amount of Each Receipt this Period  
15000.00

**B.** Full Name (Last, First, Middle Initial)  
Genzyme Corporation PAC

Mailing Address 1850 K Street

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00393736

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056451

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
The Society of Thoracic Surgeons PAC

Mailing Address 1025 Connecticut Ave NW  
Suite 1104

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056430

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 551  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
American College of Cardiology

Mailing Address 2400 N Street NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** C6056446  
Amount of Each Receipt this Period: 15000.00

**B.**

Full Name (Last, First, Middle Initial)  
Bryan Cave, LLP PAC

Mailing Address 700 13th St NW Ste 500

City Washington State DC Zip Code 20005-3963

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** C6056537  
Amount of Each Receipt this Period: 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
American Academy of Family Physicians PAC

Mailing Address 2023 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1011

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID:** C6056378  
Amount of Each Receipt this Period: 15000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American Association of Neurological Surgeons PAC

Mailing Address 5550 Meadowbrook Court

City State Zip Code  
Rolling Meadows IL 60008

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

**Transaction ID:** C6056406

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Foundation Coal PAC

Mailing Address 429 B North Weber Road #253

City State Zip Code  
Romeoville IL 60446

FEC ID number of contributing federal political committee. **C** C00348524

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** C6056493

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Society for Vascular Surgery PAC

Mailing Address 633 North Clair Street 24th Floor

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	9

**Transaction ID:** C6056398

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 263 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American Association of Clinical Urologists - American Urological Assoc. PAC

Mailing Address 1111 N Plaza Dr  
Ste 550

City State Zip Code  
Schaumburg IL 60173-4946

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** C6056494

Amount of Each Receipt this Period  
10000.00

**B.** Full Name (Last, First, Middle Initial)  
National Thoroughbred Racing Association PAC

Mailing Address 2525 Harrodsburg Road

City State Zip Code  
Lexington KY 40504

FEC ID number of contributing federal political committee. **C** C00360008

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	9

**Transaction ID:** C6056357

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
National Grid USA PAC

Mailing Address 25 Research Dr

City State Zip Code  
Westborough MA 01582-0001

FEC ID number of contributing federal political committee. **C** C00048702

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

**Transaction ID:** C6056407

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **17500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 551  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
American Podiatric Medical Association PAC

Mailing Address 9312 Old Georgetown Rd

City State Zip Code  
Bethesda MD 20814-1621

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6056363

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc. Political Fund

Mailing Address 900 Breb Rd. East  
MN008-W212

City State Zip Code  
Minnetonka MN 55343

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6056394

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
JOE-PAC Jobs, Opportunities & Education PAC

Mailing Address 84-54 Grand Ave

City State Zip Code  
Elmhurst NY 11373

FEC ID number of contributing federal political committee. **C** C00362384

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Special

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6007432

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
Earmarked for Scott Murphy  
for Congress

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 551  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Cruise Lines International Association PAC

Mailing Address 2111 Wilson Blvd No. 800

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00432393

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6056366

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
American College of Radiology PAC

Mailing Address 1891 Preston White Dr

City State Zip Code  
Reston VA 20191-4375

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6056400

Amount of Each Receipt this Period  
7500.00

**C.** Full Name (Last, First, Middle Initial)  
American College of Radiology PAC

Mailing Address 1891 Preston White Dr

City State Zip Code  
Reston VA 20191-4375

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6056401

Amount of Each Receipt this Period  
7500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **17000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 551

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
American Psychiatric Association PAC

Mailing Address 1000 Wilson Blvd  
Ste 1825

City State Zip Code  
Arlington VA 22209-3924

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6056402

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
National Association of Chain Drug Stores PAC

Mailing Address 413 N Lee St

City State Zip Code  
Alexandria VA 22314-2301

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6056397

Amount of Each Receipt this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)  
American Federation of Teachers Committee on Political Education

Mailing Address 555 New Jersey Ave NW

City State Zip Code  
Washington DC 20001-2029

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Special

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: C6007445

Amount of Each Receipt this Period

5000.00

**[MEMO ITEM]**  
Earmarked for Scott Murphy  
for Congress

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

15000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 551  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American Federation of Teachers Committee on Political Education

Mailing Address 555 New Jersey Ave NW

City Washington State DC Zip Code 20001-2029

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) Special

Aggregate Year-to-Date 15000.00

Date of Receipt 04 / 15 / 2009

Transaction ID: C6007444

Amount of Each Receipt this Period 5000.00

**[MEMO ITEM]**  
Earmarked for New York Vi-  
ctory Protection Fund

**B.** Full Name (Last, First, Middle Initial)  
Taking the Hill PAC

Mailing Address 499 S Capitol St SW Ste 404

City Washington State DC Zip Code 20003-4004

FEC ID number of contributing federal political committee. **C** C00448019

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) Special

Aggregate Year-to-Date 0.00

Date of Receipt 04 / 14 / 2009

Transaction ID: C6007442

Amount of Each Receipt this Period 1000.00

**[MEMO ITEM]**  
Earmarked for New York Vi-  
ctory Protection Fund

**C.** Full Name (Last, First, Middle Initial)  
New Democrat Coalition PAC

Mailing Address 607 14th St NW Ste 800

City Washington State DC Zip Code 20005-2005

FEC ID number of contributing federal political committee. **C** C00409730

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) Special

Aggregate Year-to-Date 0.00

Date of Receipt 04 / 13 / 2009

Transaction ID: C6007443

Amount of Each Receipt this Period 5000.00

**[MEMO ITEM]**  
Earmarked for New York Vi-  
ctory Protection Fund

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 551

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Friends of Charlie Wilson

Mailing Address 252 W. Main Street  
P.O. Box 61

City State Zip Code  
Saint Clairsville OH 43950

FEC ID number of contributing federal political committee. **C** C00412015

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

Transaction ID: C6007332

Amount of Each Receipt this Period

5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Majority PAC

Mailing Address 551 Main St.  
Suite 120

City State Zip Code  
Johnstown PA 15901

FEC ID number of contributing federal political committee. **C** C00426023

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C6007459

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

184000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 551  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Citizens for Eleanor Holmes Norton

Mailing Address 2201 Wisconsin Ave NW  
Ste 320

City Washington State DC Zip Code 20007-4105

FEC ID number of contributing federal political committee. **C** C00244335

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 37500.00

Date of Receipt: 04 / 02 / 2009  
**Transaction ID:** C6007328  
 Amount of Each Receipt this Period: 18750.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Braley for Congress

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704-0390

FEC ID number of contributing federal political committee. **C** C00409441

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt: 04 / 02 / 2009  
**Transaction ID:** C6007325  
 Amount of Each Receipt this Period: 25000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Cleaver for Congress

Mailing Address PO Box 411872

City Kansas City State MO Zip Code 64141-1872

FEC ID number of contributing federal political committee. **C** C00395848

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt: 04 / 02 / 2009  
**Transaction ID:** C6007326  
 Amount of Each Receipt this Period: 50000.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 93750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mike McIntyre for Congress

Mailing Address 3780 Berkley Ln

City State Zip Code  
Lumberton NC 28360-9002

FEC ID number of contributing federal political committee. **C** C00306829

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20455.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	0	9

**Transaction ID:** C6007331

Amount of Each Receipt this Period  
20455.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Pallone for Congress

Mailing Address P.O. Box 3176

City State Zip Code  
Long Branch NJ 07740-3176

FEC ID number of contributing federal political committee. **C** C00226928

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	9

**Transaction ID:** C6007329

Amount of Each Receipt this Period  
50000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Inslee for Congress

Mailing Address PO Box 33027

City State Zip Code  
Seattle WA 98133-0027

FEC ID number of contributing federal political committee. **C** C00337436

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36364.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	9

**Transaction ID:** C6007330

Amount of Each Receipt this Period  
9091.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **79546.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 551  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Higgins for Congress  
Mailing Address PO Box 28

City State Zip Code  
Buffalo NY 14220-0028

FEC ID number of contributing federal political committee. **C** C00401034

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6007327

Amount of Each Receipt this Period  
30000.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Friends of Jim Oberstar  
Mailing Address 1017 8th St NE

City State Zip Code  
Washington DC 20002-3620

FEC ID number of contributing federal political committee. **C** C00187419

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6007338

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Friends of Jim Oberstar  
Mailing Address 1017 8th St NE

City State Zip Code  
Washington DC 20002-3620

FEC ID number of contributing federal political committee. **C** C00187419

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6007339

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 272 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Napolitano for Congress

Mailing Address 555 Capitol Mall  
Suite 1425

City Sacramento State CA Zip Code 95814

FEC ID number of contributing federal political committee. **C** C00334706

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 04 / 14 / 2009  
**Transaction ID:** C6007337  
 Amount of Each Receipt this Period 50000.00  
 Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Committee to Re-Elect Henry Hank Johnson

Mailing Address 6440 Old Hillandale Drive  
Suite 262

City Lithonia State GA Zip Code 30058

FEC ID number of contributing federal political committee. **C** C00418293

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 04 / 16 / 2009  
**Transaction ID:** C6007390  
 Amount of Each Receipt this Period 12000.00  
 Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Delahunt for Congress

Mailing Address 500 Victory Rd

City Quincy State MA Zip Code 02171-3139

FEC ID number of contributing federal political committee. **C** C00268938

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 04 / 16 / 2009  
**Transaction ID:** C6007438  
 Amount of Each Receipt this Period 25000.00  
 Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 87000.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 551  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Boucher for Congress Committee

Mailing Address PO Box 2000

City Abingdon State VA Zip Code 24212-2000

FEC ID number of contributing federal political committee. **C** C00178418

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt: 04 / 16 / 2009  
**Transaction ID: C6007436**  
Amount of Each Receipt this Period: 25000.00  
Unlimited Transfer from Principal Campaign Cmte.

**B.**

Full Name (Last, First, Middle Initial)  
Friends of Jane Harman

Mailing Address 777 S. Figueroa St Suite 4050

City Los Angeles State CA Zip Code 90017

FEC ID number of contributing federal political committee. **C** C00255141

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID: C6007446**  
Amount of Each Receipt this Period: 30000.00  
Unlimited Transfer from Principal Campaign Cmte.

**C.**

Full Name (Last, First, Middle Initial)  
Dutch Roppersberger for Congress

Mailing Address 22 West Padonia Raod Suite 307

City Timonium State MD Zip Code 21093

FEC ID number of contributing federal political committee. **C** C00376673

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 36364.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID: C6007447**  
Amount of Each Receipt this Period: 9091.00  
Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **64091.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Murtha for Congress Committee

Mailing Address 551 Main St  
Ste 120

City State Zip Code  
Johnstown PA 15901-2032

FEC ID number of contributing federal political committee. **C** C00019075

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	9

**Transaction ID:** C6007458

Amount of Each Receipt this Period  
7500.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Danny Davis for Congress

Mailing Address PO Box 51267

City State Zip Code  
Chicago IL 60651-0267

FEC ID number of contributing federal political committee. **C** C00172619

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	9

**Transaction ID:** C6056355

Amount of Each Receipt this Period  
50000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Kind for Congress Committee

Mailing Address 205 5th Avenue South  
Suite 428

City State Zip Code  
La Crosse WI 54601

FEC ID number of contributing federal political committee. **C** C00312017

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	9

**Transaction ID:** C6056356

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **82500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 551  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Committee To Elect Chris Murphy

Mailing Address PO Box 127

City State Zip Code  
Cheshire CT 06410-0127

FEC ID number of contributing federal political committee. **C** C00411660

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6056362

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Visclosky for Congress Committee

Mailing Address PO Box 10003

City State Zip Code  
Merrillville IN 46411-0003

FEC ID number of contributing federal political committee. **C** C00166504

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C6056382

Amount of Each Receipt this Period  
30000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Anna Eshoo for Congress

Mailing Address 555 Capitol Mall Ste 1425

City State Zip Code  
Sacramento CA 95814-4602

FEC ID number of contributing federal political committee. **C** C00258475

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6056384

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Costello For Congress Committee

Mailing Address PO Box 8250

City State Zip Code  
Belleville IL 62222-8250

FEC ID number of contributing federal political committee. **C** C00238444

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	0	9

**Transaction ID:** C6056389

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Donna Edwards for Congress

Mailing Address P.O. Box 441153

City State Zip Code  
Ft Washington MD 20749

FEC ID number of contributing federal political committee. **C** C00422964

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

**Transaction ID:** C6056408

Amount of Each Receipt this Period  
20000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Pierluisi 2008 Inc.

Mailing Address PMB 232  
1353 Road 19

City State Zip Code  
Guaynabo PR 00966

FEC ID number of contributing federal political committee. **C** C00435636

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
23040.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

**Transaction ID:** C6056409

Amount of Each Receipt this Period  
5995.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **50995.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Susan Davis for Congress  
Mailing Address C/O 144 West D Street  
City Encinitas State CA Zip Code 92024  
FEC ID number of contributing federal political committee. **C** C00344671  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 18750.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056439  
Amount of Each Receipt this Period 18750.00  
Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Niki Tsongas Committee  
Mailing Address PO Box 1454  
City Lowell State MA Zip Code 01853  
FEC ID number of contributing federal political committee. **C** C00433136  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056495  
Amount of Each Receipt this Period 5000.00  
Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Norm Dicks for Congress  
Mailing Address PO Box 1663  
City Tacoma State WA Zip Code 98401-1663  
FEC ID number of contributing federal political committee. **C** C00037606  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 45455.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056448  
Amount of Each Receipt this Period 11364.00  
Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35114.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Friends For Jim McDermott  
Mailing Address PO Box 21786  
City Seattle State WA Zip Code 98111-3786  
FEC ID number of contributing federal political committee. **C** C00223073  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 20000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056442  
Amount of Each Receipt this Period 10000.00  
Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
American List Counsel, Inc.  
Mailing Address P.O. Box 32189  
City Hartford State CT Zip Code 06150-2189  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 69850.90  
Date of Receipt 04 / 09 / 2009  
Transaction ID: SA17-862898  
Amount of Each Receipt this Period 6.11  
Generic Cmte. List Rental  
This payment reflects the usual and normal charge for rental of list(s).

**C.** Full Name (Last, First, Middle Initial)  
American List Counsel, Inc.  
Mailing Address P.O. Box 32189  
City Hartford State CT Zip Code 06150-2189  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 69850.90  
Date of Receipt 04 / 09 / 2009  
Transaction ID: SA17-862897  
Amount of Each Receipt this Period 4423.24  
Generic Cmte. List Rental  
This payment reflects the usual and normal charge for rental of list(s).

**SUBTOTAL** of Receipts This Page (optional) ..... ► 14429.35  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American List Counsel, Inc.  
Mailing Address P.O. Box 32189

City State Zip Code  
Hartford CT 06150-2189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
69850.90

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	9

**Transaction ID:** SA17-862902  
 Amount of Each Receipt this Period  
7781.06  
 Generic Cmte. List Rental  
 This payment reflects the usual and normal charge for rental of list(s).

**B.** Full Name (Last, First, Middle Initial)  
Bank of America, NA  
Mailing Address 730 15th Street, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
137.55

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** SA17-863323  
 Amount of Each Receipt this Period  
31.16  
 Interest

**C.** Full Name (Last, First, Middle Initial)  
American List Counsel, Inc.  
Mailing Address P.O. Box 32189

City State Zip Code  
Hartford CT 06150-2189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
69850.90

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** SA17-863299  
 Amount of Each Receipt this Period  
358.58  
 Generic Cmte. List Rental  
 This payment reflects the usual and normal charge for rental of list(s).

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8170.80**

**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 280 / 551  
 (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 type="checkbox"/>	15	<input type="checkbox"/>	16
<input checked="" type="checkbox"/>	17						

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
Bank of America, NA

Mailing Address 730 15th Street, NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
137.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Transaction ID: SA17-863322

Amount of Each Receipt this Period

21.47
-------

Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	21.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	675617.62



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 551  
(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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Amanda Kohn

Mailing Address 7746 Wolford Way

City State Zip Code  
Lorton VA 22079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 103.28

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

**Transaction ID:** SA15-862896

Amount of Each Receipt this Period  
86.83

REIMBURSEMENT Delivery

This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.**

Full Name (Last, First, Middle Initial)  
Amy Salomone

Mailing Address 2568 University Place, N.W.  
Apt. 2

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 29.68

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	9

**Transaction ID:** SA15-863041

Amount of Each Receipt this Period  
17.11

REIMBURSEMENT Travel

This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**C.**

Full Name (Last, First, Middle Initial)  
Pace Butler

Mailing Address 13915 N. Harvey Avenue

City State Zip Code  
Edmond OK 73013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 629.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	9

**Transaction ID:** SA15-863040

Amount of Each Receipt this Period  
310.00

REIMBURSEMENT Supplies

This payment reflects the fair market value paid to the committee by a third party vendor.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **413.94**

**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 282 / 551  
(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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Friends of Bennie Thompson

Mailing Address PO Box 100

City State Zip Code  
Bolton MS 39041

FEC ID number of contributing federal political committee. **C** C00279851

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 174.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** SA15-863039

Amount of Each Receipt this Period  
174.30

REIMBURSEMENT Postage

This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**B.** Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 30th Street Station

City State Zip Code  
Philadelphia PA 19104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 13916.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** SA15-862903

Amount of Each Receipt this Period  
1911.00

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

**C.** Full Name (Last, First, Middle Initial)  
Kathleen Nee

Mailing Address 407 A Street, NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** SA15-862905

Amount of Each Receipt this Period  
4.98

REIMBURSEMENT Travel

This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2090.28

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 551  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address P.O. Box 53155

City State Zip Code  
Phoenix AZ 85072-3155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
29758.01

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** SA15-862904

Amount of Each Receipt this Period  
29649.06

REIMBURSEMENT Travel

This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.**

Full Name (Last, First, Middle Initial)  
Beth Barefoot

Mailing Address 100 I Street, SE  
Apt. 913

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 ▼  
232.63

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** SA15-863139

Amount of Each Receipt this Period  
14.30

REIMBURSEMENT Delivery

This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**C.**

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 30th Street Station

City State Zip Code  
Philadelphia PA 19104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13916.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** SA15-863298

Amount of Each Receipt this Period  
938.00

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30601.36**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 551  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Renee Schaeffer

Mailing Address 110 D Street SE  
Apt. 316

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 ▼ 300.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: SA15-863245  
Amount of Each Receipt this Period: 300.00  
REIMBURSEMENT Supplies  
This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.**

Full Name (Last, First, Middle Initial)  
Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street, Ste 610

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C** C00213512

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1099.89

Date of Receipt: 04 / 30 / 2009  
Transaction ID: SA15-863193  
Amount of Each Receipt this Period: 1083.49  
REIMBURSEMENT Delivery  
This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**C.**

Full Name (Last, First, Middle Initial)  
Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street, Ste 610

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C** C00213512

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1099.89

Date of Receipt: 04 / 30 / 2009  
Transaction ID: SA15-863194  
Amount of Each Receipt this Period: 16.40  
REIMBURSEMENT Delivery  
This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1399.89

**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 285 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jacqueline M Forte-Mackay  
Mailing Address 7511 Jaffrey Road  
City State Zip Code  
Fort Washington MD 20744  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15.59  
Date of Receipt: 04 / 30 / 2009  
Transaction ID: SA15-863244  
Amount of Each Receipt this Period: 15.59  
REIMBURSEMENT Delivery  
This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.** Full Name (Last, First, Middle Initial)  
GMMB  
Mailing Address 1010 Wisconsin Ave., NW  
City State Zip Code  
Washington DC 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2224.80  
Date of Receipt: 04 / 30 / 2009  
Transaction ID: SA15-863302  
Amount of Each Receipt this Period: 15.00  
REIMBURSEMENT Cmte. Media Buy  
This reimbursement reflects the actual cost incurred by the committee for this expense.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.59
<b>TOTAL</b> This Period (last page this line number only) .....	▶	34536.06

# SCHEDULE 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 286 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
Sisk Mailing Service

Transaction ID: SB21B-862540  
Date of Disbursement

Mailing Address 203 Log Canoe Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

City State Zip Code  
Stevensville MD 21666

Amount of Each Disbursement this Period

50353.00
----------

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bank of America, NA

Transaction ID: SB21B-863140  
Date of Disbursement

Mailing Address 730 15th Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

City State Zip Code  
Washington DC 20005

Amount of Each Disbursement this Period

6292.44
---------

Purpose of Disbursement  
Generic Cmte. Bank Fees

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Bank of America, NA

Transaction ID: SB21B-863141  
Date of Disbursement

Mailing Address 730 15th Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

City State Zip Code  
Washington DC 20005

Amount of Each Disbursement this Period

3482.91
---------

Purpose of Disbursement  
Generic Cmte. Bank Fees

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

60128.35
----------

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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America, NA  Mailing Address 730 15th Street, NW  City Washington State DC Zip Code 20005  Purpose of Disbursement Generic Cmte. Bank Fees 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>Transaction ID:</b> SB21B-863300 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9  Amount of Each Disbursement this Period 25.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Bank of America, NA  Mailing Address 730 15th Street, NW  City Washington State DC Zip Code 20005  Purpose of Disbursement Generic Cmte. Bank Fees 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>Transaction ID:</b> SB21B-863200 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9  Amount of Each Disbursement this Period 6931.75  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Bank of America, NA  Mailing Address 730 15th Street, NW  City Washington State DC Zip Code 20005  Purpose of Disbursement Generic Cmte. Bank Fees 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>Transaction ID:</b> SB21B-863203 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9  Amount of Each Disbursement this Period 5.00  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6961.75
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863303</p> <p>Date of Disbursement 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863304</p> <p>Date of Disbursement 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 37.45</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Stockton, Inc.</p> <p>Mailing Address 7940 Cessna Avenue</p> <p>City Gaithersburg State MD Zip Code 20879</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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><b>Transaction ID:</b> SB21B-862541</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 18.63</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**81.08**

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Print Mail Communications</p> <p>Mailing Address 7201 Lockport Place</p> <p>City Lorton State VA Zip Code 22079</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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><b>Transaction ID:</b> SB21B-862542</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1882.34</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863142</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 264.96</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863143</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 272.66</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2419.96

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863144</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1486.30</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863145</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 58.19</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863301</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1564.49

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pacific Parking Services, Inc.</p> <p>Mailing Address 2404 Plyers Mill Road</p> <p>City Silver Spring State MD Zip Code 20902</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862543</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="285.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) San Domenico Events</p> <p>Mailing Address 19 East 26th Street</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862544</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15673.93"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863201</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.50"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America, NA  Mailing Address 730 15th Street, NW  City Washington State DC Zip Code 20005  Purpose of Disbursement Generic Cmte. Bank Fees 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-863305 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9  Amount of Each Disbursement this Period 20.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Print Mail Communications  Mailing Address 7201 Lockport Place  City Lorton State VA Zip Code 22079  Purpose of Disbursement Generic Cmte. Postage/Delivery 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-862569 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period 23220.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Bank of America, NA  Mailing Address 730 15th Street, NW  City Washington State DC Zip Code 20005  Purpose of Disbursement Generic Cmte. Bank Fees 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-863246 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period 2003.09  001 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**25243.09**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jessica Aune</p> <p>Mailing Address 138A North Carolina Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862547</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="38.28"/></p> <p>Category/Type: <input type="text" value="002"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Quick Messenger Service of DC, Inc.</p> <p>Mailing Address 4829 Fairmont Avenue Suite B</p> <p>City Bethesda State MD Zip Code 20814-6096</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862556</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="62.14"/></p> <p>Category/Type: <input type="text"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Staples Business Advantages</p> <p>Mailing Address Dept DC PO Box 415256</p> <p>City Boston State MA Zip Code 02241</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862557</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.61"/></p> <p>Category/Type: <input type="text"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="216.03"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

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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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Staples Business Advantages	Transaction ID: SB21B-862558 Date of Disbursement
	Mailing Address Dept DC PO Box 415256	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Boston State MA Zip Code 02241	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Supplies	<input type="text" value="482.71"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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) Staples Business Advantages	Transaction ID: SB21B-862559 Date of Disbursement
	Mailing Address Dept DC PO Box 415256	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Boston State MA Zip Code 02241	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Supplies	<input type="text" value="1329.14"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Alex Van Wagner	Transaction ID: SB21B-862561 Date of Disbursement
	Mailing Address 1210 Massachusetts Ave., NW Apt. 105	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="61.00"/>
	Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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)

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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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Louisa Whitney	Transaction ID: SB21B-862562 Date of Disbursement																			
	Mailing Address 1701 16th St., NW Apt. 721	<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>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	9												
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephones Candidate Name	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	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) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) Louisa Whitney	Transaction ID: SB21B-862563 Date of Disbursement																			
	Mailing Address 1701 16th St., NW Apt. 721	<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>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	9												
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephones Candidate Name	<table border="1"><tr><td>50.00</td></tr></table>	50.00																		
50.00																					
	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) ▼																			
		001 Category/Type																			

C.	Full Name (Last, First, Middle Initial) Louisa Whitney	Transaction ID: SB21B-862564 Date of Disbursement																			
	Mailing Address 1701 16th St., NW Apt. 721	<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>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	3		2	0	0	9												
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Candidate Name	<table border="1"><tr><td>280.11</td></tr></table>	280.11																		
280.11																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		002 Category/Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>380.11</td></tr></table>	380.11
380.11		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Louisa Whitney	Transaction ID: SB21B-862565 Date of Disbursement 04 / 03 / 2009
	Mailing Address 1701 16th St., NW Apt. 721	Amount of Each Disbursement this Period 41.15
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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) Terri New	Transaction ID: SB21B-862548 Date of Disbursement 04 / 03 / 2009
	Mailing Address 11740 San Vicente Blvd Suite 204	Amount of Each Disbursement this Period 8000.00
	City Los Angeles State CA Zip Code 90049	
	Purpose of Disbursement Generic Cmte. Fundraising Svcs Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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) Diana Fassbender	Transaction ID: SB21B-862549 Date of Disbursement 04 / 03 / 2009
	Mailing Address 1629 Columbia Rd NW Apt 630	Amount of Each Disbursement this Period 80.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Telephones Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	8121.15
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 371461</p> <p>City Pittsburgh State PA Zip Code 15250-7461</p> <p>Purpose of Disbursement Generic Cmte. Delivery 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><b>Transaction ID:</b> SB21B-862550 <b>Date of Disbursement</b> 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 39.87</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Melissa Kurek</p> <p>Mailing Address 1741 U St NW Apt 1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862551 <b>Date of Disbursement</b> 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 51.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nicole Landset</p> <p>Mailing Address 1826 15th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862552 <b>Date of Disbursement</b> 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 117.57</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

208.44

**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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin McKeon  Mailing Address 408 15th St., SE Unit B  City Washington State DC Zip Code 20003  Purpose of Disbursement Generic Cmte. Research Materials  Candidate Name <span style="float: right;">Category/ Type</span>  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:	Transaction ID: SB21B-862553 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period 78.25
<b>B.</b>	Full Name (Last, First, Middle Initial) Elyse Pollick  Mailing Address 171 Coventry Road  City Dallastown State PA Zip Code 17313  Purpose of Disbursement Travel  Candidate Name <span style="float: right;">Category/ Type</span>  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:	Transaction ID: SB21B-862554 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period 25.50
<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa Presta  Mailing Address 2337 16th Ave.  City San Francisco State CA Zip Code 94116  Purpose of Disbursement Generic Cmte. Fundraising Svcs  Candidate Name <span style="float: right;">Category/ Type</span>  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:	Transaction ID: SB21B-862555 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period 8000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8103.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE 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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Christian Taylor  Mailing Address 4556 Texas Avenue, SE  City Washington State DC Zip Code 20019  Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-862570 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period  120.00
<b>B.</b>	Full Name (Last, First, Middle Initial) GMMB  Mailing Address 1010 Wisconsin Ave., NW  City Washington State DC Zip Code 20007  Purpose of Disbursement Generic Cmte. Media Buys 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>Transaction ID:</b> SB21B-862567 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period  14975.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Automatic Data Processing  Mailing Address 11411 Red Run Blvd.  City Owings Mills State MD Zip Code 21117  Purpose of Disbursement Computer Services 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>Transaction ID:</b> SB21B-862778 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period  268.81

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15363.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863146</p> <p>Date of Disbursement 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1461.71</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863147</p> <p>Date of Disbursement 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 468.46</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863148</p> <p>Date of Disbursement 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 266.96</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2197.13

**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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America, NA  Mailing Address 730 15th Street, NW  City Washington State DC Zip Code 20005  Purpose of Disbursement Generic Cmte. Bank Fees 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-863202 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9  Amount of Each Disbursement this Period 12647.66  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) United States Postal Service  Mailing Address 900 Brentwood Road, NE  City Washington State DC Zip Code 20066  Purpose of Disbursement Generic Cmte. Postage/Delivery 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-862578 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9  Amount of Each Disbursement this Period 745.00  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Big Eye Direct  Mailing Address Attn: Mike Calder 13864 Redskin Drive  City Herndon State VA Zip Code 20171  Purpose of Disbursement Generic Cmte. Postage/Delivery 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-862579 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9  Amount of Each Disbursement this Period 26210.47  001 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**39603.13**

**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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American List Counsel, Inc.</p> <p>Mailing Address P.O. Box 32189</p> <p>City Hartford State CT Zip Code 06150-2189</p> <p>Purpose of Disbursement Generic Cmte. List Exchange</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><b>Transaction ID:</b> SB21B-862580</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 68.06</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American List Counsel, Inc.</p> <p>Mailing Address P.O. Box 32189</p> <p>City Hartford State CT Zip Code 06150-2189</p> <p>Purpose of Disbursement Generic Cmte. List Exchange</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><b>Transaction ID:</b> SB21B-862581</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 60.06</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American List Counsel, Inc.</p> <p>Mailing Address P.O. Box 32189</p> <p>City Hartford State CT Zip Code 06150-2189</p> <p>Purpose of Disbursement Generic Cmte. List Exchange</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><b>Transaction ID:</b> SB21B-862582</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 894.29</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1022.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-862583 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 310.00
<b>B.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc. <hr/> Mailing Address 14120 Sullyfield Cir., Suite C <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-862607 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 26321.49
<b>C.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc. <hr/> Mailing Address 14120 Sullyfield Cir., Suite C <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-862608 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 3939.30

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>30570.79</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Data Direct, Inc.</p> <p>Mailing Address 181 Potomac Street PO Box 855</p> <p>City Harpers State WV Zip Code 25425</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862609</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2825.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Deliveries Plus, Inc.</p> <p>Mailing Address PO Box 45013</p> <p>City Somerville State MA Zip Code 02145</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862610</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="56.36"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Deliveries Plus, Inc.</p> <p>Mailing Address PO Box 45013</p> <p>City Somerville State MA Zip Code 02145</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862611</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="56.36"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2937.72"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Deliveries Plus, Inc.</p> <p>Mailing Address PO Box 45013</p> <p>City Somerville State MA Zip Code 02145</p> <p>Purpose of Disbursement Generic Cmte. Delivery 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><b>Transaction ID:</b> SB21B-862612</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 56.36</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Deliveries Plus, Inc.</p> <p>Mailing Address PO Box 45013</p> <p>City Somerville State MA Zip Code 02145</p> <p>Purpose of Disbursement Generic Cmte. Delivery 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><b>Transaction ID:</b> SB21B-862613</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 56.36</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Samantha Gross</p> <p>Mailing Address 10605 Concord Street Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement Generic Cmte. Fundraising Svcs</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><b>Transaction ID:</b> SB21B-862584</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 7500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7612.72

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Samantha Gross</p> <p>Mailing Address 10605 Concord Street Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement Generic Cmte. Fundraising Svcs</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><b>Transaction ID:</b> SB21B-862585</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 7500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, NW Suite 300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862586</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 20000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Drew Altizer</p> <p>Mailing Address 1949 Green Street #2</p> <p>City San Francisco State CA Zip Code 94123</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862587</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 600.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

28100.00

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) AVF Consulting, Inc.</p> <p>Mailing Address 1220-C Joppa Road Suite 514</p> <p>City Baltimore State MD Zip Code 21286</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862588</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 90.00</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Benenson Strategy Group</p> <p>Mailing Address 14 East 60th Street Suite 1002</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Generic Cmte. Polling</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><b>Transaction ID:</b> SB21B-862589</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 11500.00</p> <p>Category/Type 005</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Government News Network GovNet</p> <p>Mailing Address P.O. Box 2041</p> <p>City Trenton State NJ Zip Code 08607</p> <p>Purpose of Disbursement Generic Cmte. Publications</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><b>Transaction ID:</b> SB21B-862590</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 125.00</p> <p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11715.00

**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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Joshua Roberts Photography, LLC <hr/> Mailing Address 1217 F Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-862591 Date of Disbursement 04 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 600.00
B.	Full Name (Last, First, Middle Initial) Macke Water Systems, Inc. <hr/> Mailing Address P.O. Box 545 <hr/> City Wheeling State IL Zip Code 60090 <hr/> Purpose of Disbursement Equipment Rental/Maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-862594 Date of Disbursement 04 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 126.90
C.	Full Name (Last, First, Middle Initial) Verizon Business <hr/> Mailing Address 500 Technology Drive <hr/> City Weldon Springs State MO Zip Code 63304 <hr/> Purpose of Disbursement Telephones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-862595 Date of Disbursement 04 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 5757.60

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**6484.50**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) NCEC Services, Inc.</p> <p>Mailing Address 122 C Street, NW Suite 650</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862596</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pitney Bowes Global Financial Services LLC</p> <p>Mailing Address PO Box 856460</p> <p>City Louisville State KY Zip Code 40285</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</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><b>Transaction ID:</b> SB21B-862597</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 4227.77</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Roll Call, Inc.</p> <p>Mailing Address 50 F Street, NW 7th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Subscriptions</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><b>Transaction ID:</b> SB21B-862598</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 2687.11</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**21914.88**

**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)

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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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Tygris Vendor Finance Inc.</p> <p>Mailing Address Dept #1608</p> <p>City Denver State CO Zip Code 80291-1608</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> SB21B-862599 <b>Date of Disbursement</b> 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 4462.72</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Voter Activation Network</p> <p>Mailing Address 48 Grove Street Suite 202</p> <p>City Somerville State MA Zip Code 02144</p> <p>Purpose of Disbursement Generic Cmte. Processing 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><b>Transaction ID:</b> SB21B-862600 <b>Date of Disbursement</b> 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 22.50</p> <p>Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Brian L Wolff</p> <p>Mailing Address 1443 Q Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p><b>Transaction ID:</b> SB21B-862601 <b>Date of Disbursement</b> 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 242.00</p> <p>002 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4727.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Key Equipment Finance	<b>Transaction ID:</b> SB21B-862614 Date of Disbursement
	Mailing Address Payment Processing P.O. Box 74713	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Cleveland	State OH
	Zip Code 44194	Amount of Each Disbursement this Period <input type="text" value="797.36"/>
	Purpose of Disbursement Equipment Rental/Maintenance	<input type="text" value="001"/> 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>B.</b>	Full Name (Last, First, Middle Initial) Key Equipment Finance	<b>Transaction ID:</b> SB21B-862615 Date of Disbursement
	Mailing Address Payment Processing P.O. Box 74713	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Cleveland	State OH
	Zip Code 44194	Amount of Each Disbursement this Period <input type="text" value="394.13"/>
	Purpose of Disbursement Equipment Rental/Maintenance	<input type="text" value="001"/> 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>C.</b>	Full Name (Last, First, Middle Initial) Jason O'Malley	<b>Transaction ID:</b> SB21B-862616 Date of Disbursement
	Mailing Address 7 Conestoga Road	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Lancaster	State PA
	Zip Code 17603	Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
	Purpose of Disbursement Generic Cmte. Fundraising Svcs	<input type="text"/> 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4191.49"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) McMahon, Squier, Lapp and Associates</p> <p>Mailing Address 300 N. Lee Street Suite 500</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Generic Cmte. Media Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862617</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 11892.06</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT &amp; T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Telephones</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><b>Transaction ID:</b> SB21B-862735</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 2656.61</p> <p>Category/Type 001</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Tony Bennett 1994 Family Trust</p> <p>Mailing Address Tony Bennett 48 West 10th Street, Suite B</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862734</p> <p>Date of Disbursement 04 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2734.37</p> <p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

17283.04

**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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Big Eye Direct

Mailing Address Attn: Mike Calder  
13864 Redskin Drive

City Herndon State VA Zip Code 20171

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**Transaction ID:** SB21B-862736  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

Amount of Each Disbursement this Period

4650.00
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001
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Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Print Mail Communications

Mailing Address 7201 Lockport Place

City Lorton State VA Zip Code 22079

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**Transaction ID:** SB21B-862737  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	9

Amount of Each Disbursement this Period

1027.68
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001
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Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
CHS Mailing, Inc.

Mailing Address 12006 Old Baltimore Pike

City Beltsville State MD Zip Code 20705

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**Transaction ID:** SB21B-862738  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	9

Amount of Each Disbursement this Period

2016.00
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001
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Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7693.68
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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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anne G Getty</p> <p>Mailing Address 2880 Broadway</p> <p>City San Francisco State CA Zip Code 94115</p> <p>Purpose of Disbursement Offset For In-Kind Events</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><b>Transaction ID:</b> SB21B-862900</p> <p>Date of Disbursement 04 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 14289.57</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gordon Getty</p> <p>Mailing Address 2880 Broadway</p> <p>City San Francisco State CA Zip Code 94115</p> <p>Purpose of Disbursement Offset For In-Kind Events</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><b>Transaction ID:</b> SB21B-862899</p> <p>Date of Disbursement 04 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 14289.57</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank 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><b>Transaction ID:</b> SB21B-863199</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 4286.04</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**32865.18**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America, NA  Mailing Address 730 15th Street, NW  City Washington State DC Zip Code 20005  Purpose of Disbursement Generic Cmte. Bank Fees 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>Transaction ID:</b> SB21B-863306 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9  Amount of Each Disbursement this Period 20.56  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) DirectAdvantage Marketing  Mailing Address The Outreach Center PO Box 55043  City Boston State MA Zip Code 02205  Purpose of Disbursement Generic Cmte. Telemarketing 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>Transaction ID:</b> SB21B-862773 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9  Amount of Each Disbursement this Period 5571.35  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Google, Inc.  Mailing Address Dept. 33654 PO Box 39000  City San Francisco State CA Zip Code 94139  Purpose of Disbursement Generic Cmte. Advertising 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>Transaction ID:</b> SB21B-862774 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9  Amount of Each Disbursement this Period 224.27  Category/Type 004

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5816.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-862775</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 58055.26</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-862776</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1047.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Telefund, Inc.</p> <p>Mailing Address Attention: Nicole Lane P.O. Box 2366</p> <p>City Denver State CO Zip Code 80201-2366</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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><b>Transaction ID:</b> SB21B-862777</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 16900.80</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

76003.56

**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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Aramark Refreshment Services  Mailing Address 8240 Stayton Drive Suite N  City Jessup State MD Zip Code 20794  Purpose of Disbursement Generic Cmte. Supplies 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-862744 Date of Disbursement 04 / 17 / 2009  Amount of Each Disbursement this Period 600.34
<b>B.</b>	Full Name (Last, First, Middle Initial) Aramark Refreshment Services  Mailing Address 8240 Stayton Drive Suite N  City Jessup State MD Zip Code 20794  Purpose of Disbursement Generic Cmte. Supplies 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-862745 Date of Disbursement 04 / 17 / 2009  Amount of Each Disbursement this Period 693.88
<b>C.</b>	Full Name (Last, First, Middle Initial) Aramark Refreshment Services  Mailing Address 8240 Stayton Drive Suite N  City Jessup State MD Zip Code 20794  Purpose of Disbursement Generic Cmte. Supplies 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-862746 Date of Disbursement 04 / 17 / 2009  Amount of Each Disbursement this Period 781.05

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2075.27

**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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Earl L. Ashton</p> <p>Mailing Address 6924 9th Street NW</p> <p>City Washington State DC Zip Code 20012</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862747</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="59.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Terri New</p> <p>Mailing Address 11740 San Vicente Blvd Suite 204</p> <p>City Los Angeles State CA Zip Code 90049</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862748</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1021.14"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Carey International, Inc.</p> <p>Mailing Address Billing Department P.O. Box 631414</p> <p>City Baltimore State MD Zip Code 21263-1414</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862749</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1081.56"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2161.70"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Riely Clough</p> <p>Mailing Address 140 St. Marks Avenue #2</p> <p>City Brooklyn State NY Zip Code 11217</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862750</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Coast to Coast</p> <p>Mailing Address 4277 Valley Fair Street</p> <p>City Simi Valley State CA Zip Code 93063</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862751</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 419.68</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Coast to Coast</p> <p>Mailing Address 4277 Valley Fair Street</p> <p>City Simi Valley State CA Zip Code 93063</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862752</p> <p>Date of Disbursement 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 358.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1177.68

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Lauren Dikis <hr/> Mailing Address 3105 11th St., NW <hr/> City Washington State DC Zip Code 20010 <hr/> Purpose of Disbursement Telephones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-862753 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 79.98
<b>B.</b>	Full Name (Last, First, Middle Initial) Democratic Properties Corporation <hr/> Mailing Address Operating Account 430 South Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Generic Cmte. Rent/Occupancy Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-862754 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 59900.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Democratic Properties Corporation <hr/> Mailing Address Leasehold Account 430 South Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Leasehold Improvements Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-862755 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 4218.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**64197.98**

**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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Amanda Ehrman	Transaction ID: SB21B-862756 Date of Disbursement 04 / 17 / 2009
	Mailing Address 11740 San Vincent Blvd. Suite 204	Amount of Each Disbursement this Period 75.07
	City Los Angeles State CA Zip Code 90049	
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Amanda Ehrman	Transaction ID: SB21B-862757 Date of Disbursement 04 / 17 / 2009
	Mailing Address 11740 San Vincent Blvd. Suite 204	Amount of Each Disbursement this Period 72.48
	City Los Angeles State CA Zip Code 90049	
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Fitzsimmons, Tom	Transaction ID: SB21B-862758 Date of Disbursement 04 / 17 / 2009
	Mailing Address 30 Normandy Avenue #403	Amount of Each Disbursement this Period 350.00
	City Sommerville State MA Zip Code 02138	
	Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>497.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Gordon's Fine Wines and Liquor <hr/> Mailing Address PO Box 310 <hr/> City Waltham State MA Zip Code 02454 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-862759 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 382.28
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Insight <hr/> Mailing Address P.O. Box 78825 <hr/> City Phoenix State AZ Zip Code 85062-8825 <hr/> Purpose of Disbursement Equipment Rental/Maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-862760 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 652.47
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Insight <hr/> Mailing Address P.O. Box 78825 <hr/> City Phoenix State AZ Zip Code 85062-8825 <hr/> Purpose of Disbursement Equipment Rental/Maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-862761 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 652.47
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1687.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Insight  Mailing Address P.O. Box 78825  City Phoenix State AZ Zip Code 85062-8825  Purpose of Disbursement Generic Cmte. Supplies 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>Transaction ID:</b> SB21B-862762 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9  Amount of Each Disbursement this Period  85.37
<b>B.</b>	Full Name (Last, First, Middle Initial) Ryan Karlsgodt  Mailing Address 2900 Q Street, NW Apt. 2B  City Washington State DC Zip Code 20007  Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-862763 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9  Amount of Each Disbursement this Period  66.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Melissa Kurek  Mailing Address 1741 U St NW Apt 1  City Washington State DC Zip Code 20009  Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-862764 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9  Amount of Each Disbursement this Period  52.98

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>204.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Melissa Kurek</p> <p>Mailing Address 1741 U St NW Apt 1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862765</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Business</p> <p>Mailing Address 500 Technology Drive</p> <p>City Weldon Springs State MO Zip Code 63304</p> <p>Purpose of Disbursement Telephones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862766</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6924.67"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Occasions Caterers, Inc.</p> <p>Mailing Address 5458 3rd Street, NE</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862767</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1998.53"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="8959.20"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Laura Rose</p> <p>Mailing Address 1722 19th Street, NW #703</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862768</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Amy Strathdee</p> <p>Mailing Address 350 9th Street #31</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862769</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="140.60"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862770</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="573.10"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="736.70"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery 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><b>Transaction ID:</b> SB21B-862771</p> <p>Date of Disbursement MM / DD / YYYY 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 8.72</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Louisa Whitney</p> <p>Mailing Address 1701 16th St., NW Apt. 721</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862772</p> <p>Date of Disbursement MM / DD / YYYY 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 68.25</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Washington Metropolitan Area Transit Authority</p> <p>Mailing Address 600 Fifth Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862901</p> <p>Date of Disbursement MM / DD / YYYY 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 3354.35</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3431.32**

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862779</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="47.16"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 900 Brentwood Road, NE</p> <p>City Washington State DC Zip Code 20066</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862795</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Beth Barefoot</p> <p>Mailing Address 100 I Street, SE Apt. 913</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Telephones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862783</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="89.98"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="20137.14"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Yates Baroodly</p> <p>Mailing Address 2414 Tunlaw Road NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Telephones 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><b>Transaction ID:</b> SB21B-862784 <b>Date of Disbursement</b> 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 64.27</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brennan Bilberry</p> <p>Mailing Address 722 5th St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Per Diem 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><b>Transaction ID:</b> SB21B-862785 <b>Date of Disbursement</b> 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 375.00</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Brougher</p> <p>Mailing Address 6347 N Nottingham Street</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862786 <b>Date of Disbursement</b> 04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 58.90</p> <p>002 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

498.17

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Brougher</p> <p>Mailing Address 6347 N Nottingham Street</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862787</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.20"/></p> <p>Category/Type: <input type="text" value="002"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dell Business Credit</p> <p>Mailing Address Payment Processing Center PO Box 5275</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862788</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18061.55"/></p> <p>Category/Type: <input type="text"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dell Business Credit</p> <p>Mailing Address Payment Processing Center PO Box 5275</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862789</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="81.51"/></p> <p>Category/Type: <input type="text"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Melissa Kurek	Transaction ID: SB21B-862790
	Mailing Address 1741 U St NW Apt 1	Date of Disbursement MM / DD / YYYY 04 / 20 / 2009
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 44.00
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Heather McHugh	Transaction ID: SB21B-862791
	Mailing Address 2130 P Street NW Apt.603	Date of Disbursement MM / DD / YYYY 04 / 20 / 2009
	City Washington State DC Zip Code 20037	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jennifer Pihlaja	Transaction ID: SB21B-862792
	Mailing Address 3300 16th St NW #1015	Date of Disbursement MM / DD / YYYY 04 / 20 / 2009
	City Washington State DC Zip Code 20010	Amount of Each Disbursement this Period 206.26
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

**300.26**

**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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ryan Rudominer</p> <p>Mailing Address 1320 N. Veitech Street Apt. 1201</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Per Diem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862793</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="375.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Todd Schulte</p> <p>Mailing Address 631 D Street, NW Apt. 230</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Per Diem</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862794</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="375.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Global Strategy Group, LLC</p> <p>Mailing Address 895 Broadway, 5th Floor</p> <p>City New York State NY Zip Code 10003</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862796</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="10000.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) DC Treasurer	Transaction ID: SB21B-862895 Date of Disbursement 04 / 20 / 2009
	Mailing Address PO Box 679 Ben Franklin Station	Amount of Each Disbursement this Period 1449.12
	City Washington State DC Zip Code 20044	
	Purpose of Disbursement Use Tax Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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) Simon Falic	Transaction ID: SB21B-863314 Date of Disbursement 04 / 20 / 2009
	Mailing Address 150 Harbour Way	Amount of Each Disbursement this Period 2925.00
	City Bal Harbour State FL Zip Code 33154	
	Purpose of Disbursement Offset For In-Kind Events Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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) Bank of America	Transaction ID: SB21B-862906 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 151.38
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Generic Cmte. Supplies Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4525.50

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>TARGET</b></p> <p>Mailing Address 3101 Jefferson Davis Hwy</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862906-10000</p> <p>Date of Disbursement MM / DD / YYYY 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 12.42</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>FTD FTD.COM</b></p> <p>Mailing Address 3113 Woodcreek Drive</p> <p>City Downers Grove State IL Zip Code 60515</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862906-20000</p> <p>Date of Disbursement MM / DD / YYYY 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 74.98</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>FTD FTD.COM</b></p> <p>Mailing Address 3113 Woodcreek Drive</p> <p>City Downers Grove State IL Zip Code 60515</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862906-30000</p> <p>Date of Disbursement MM / DD / YYYY 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 63.98</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Generic Cmte. Printing 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-862907 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 47.55  See Attached Memo Entry	
<b>B.</b>	Full Name (Last, First, Middle Initial) FedEx Kinkos  Mailing Address 4809 Bethesda Ave.  City Bethesda State MD Zip Code 20814  Purpose of Disbursement Generic Cmte. Printing 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-862907-10000 Date of Disbursement 03 / 16 / 2009  Amount of Each Disbursement this Period 47.55  [MEMO ITEM] Memo Entry	
<b>C.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Travel 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-862908 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 262.27  See Attached Memo Entry	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	309.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CALIFORNIA TORTILLA</p> <p>Mailing Address 728 7th St NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862908-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.43"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CALIFORNIA TORTILLA</p> <p>Mailing Address 728 7th St NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862908-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.42"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CALIFORNIA TORTILLA</p> <p>Mailing Address 728 7th St NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862908-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.42"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862909</p> <p>Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 201.88</p> <p>See Attached Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) TELEFLORA.COM</p> <p>Mailing Address P.O. Box 60910</p> <p>City Los Angeles State CA Zip Code 90600</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862909-10000</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 100.94</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) TELEFLORA.COM</p> <p>Mailing Address P.O. Box 60910</p> <p>City Los Angeles State CA Zip Code 90600</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862909-20000</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 100.94</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

201.88

**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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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-862910 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 1206.42  See Attached Memo Entry	
<b>B.</b>	Full Name (Last, First, Middle Initial) ORBITZ  Mailing Address 500 West Madison Street Suite  City Chicago State IL Zip Code 60661 Purpose of Disbursement Travel 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-862910-10000 Date of Disbursement 03 / 17 / 2009  Amount of Each Disbursement this Period 13.98  [MEMO ITEM] Memo Entry	
<b>C.</b>	Full Name (Last, First, Middle Initial) UNITED AIR  Mailing Address P.O. Box 66100  City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel 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-862910-20000 Date of Disbursement 03 / 18 / 2009  Amount of Each Disbursement this Period 472.20  [MEMO ITEM] Memo Entry	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1206.42

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) UNITED AIR</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862910-30000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">472.20</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	9	472.20
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	8		2	0	0	9													
472.20																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) JURYS CUFFS IRISH BAR</p> <p>Mailing Address 154 Berkely Street</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862910-40000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">40.00</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9	40.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	0	9													
40.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) JURYS BOSTON HOTEL</p> <p>Mailing Address 350 Stuart Street</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862910-50000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">208.04</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9	208.04
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	0	9													
208.04																						

**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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862911</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="797.45"/></p> <p>See Attached Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AMTRAK .COM</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862911-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="310.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AMTRAK .COM</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862911-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="310.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) AFFINIA FIFTY</p> <p>Mailing Address 155 E 50th Street</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862911-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="120.61"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NYC TAXI</p> <p>Mailing Address 303 9th Ave</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862911-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="10.68"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NYC TAXI</p> <p>Mailing Address 303 9th Ave</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862911-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="14.76"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) NYC TAXI	Transaction ID: SB21B-862911-60000
	Mailing Address 303 9th Ave	Date of Disbursement MM / DD / YYYY 03 / 16 / 2009
	City New York State NY Zip Code 10001	Amount of Each Disbursement this Period 16.70
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) NYC TAXI	Transaction ID: SB21B-862911-70000
	Mailing Address 303 9th Ave	Date of Disbursement MM / DD / YYYY 03 / 16 / 2009
	City New York State NY Zip Code 10001	Amount of Each Disbursement this Period 14.70
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>[MEMO ITEM]</b> Memo Entry

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-862912
	Mailing Address P.O. Box 53155	Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	City Phoenix State AZ Zip Code 85072-3155	Amount of Each Disbursement this Period 508.78
	Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	508.78
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) TREFROGS</p> <p>Mailing Address 363 N. Robertson Blvd</p> <p>City West Hollywood State CA Zip Code 90048</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862912-10000</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 167.79</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TREFROGS</p> <p>Mailing Address 363 N. Robertson Blvd</p> <p>City West Hollywood State CA Zip Code 90048</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862912-20000</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 173.20</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TREFROGS</p> <p>Mailing Address 363 N. Robertson Blvd</p> <p>City West Hollywood State CA Zip Code 90048</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862912-30000</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 167.79</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 343 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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-862913 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 2.50  See Attached Memo Entry	002 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) CITY OF BERKELEY PARKEZ  Mailing Address 1947 Center Street  City BERKELEY State CA Zip Code 94704 Purpose of Disbursement Travel 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-862913-10000 Date of Disbursement 03 / 10 / 2009  Amount of Each Disbursement this Period 1.25  [MEMO ITEM] Memo Entry	002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) CITY OF BERKELEY PARKEZ  Mailing Address 1947 Center Street  City BERKELEY State CA Zip Code 94704 Purpose of Disbursement Travel 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-862913-20000 Date of Disbursement 03 / 10 / 2009  Amount of Each Disbursement this Period 1.25  [MEMO ITEM] Memo Entry	002 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2.50

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Generic Cmte. Postage/Delivery 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-862914 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 61.00  See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 2 Mass Ave. NE  City WASHINGTON State DC Zip Code 20002  Purpose of Disbursement Generic Cmte. Postage/Delivery 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-862914-10000 Date of Disbursement 03 / 30 / 2009  Amount of Each Disbursement this Period 45.00  [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 2 Mass Ave. NE  City WASHINGTON State DC Zip Code 20002  Purpose of Disbursement Generic Cmte. Postage/Delivery 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-862914-20000 Date of Disbursement 03 / 30 / 2009  Amount of Each Disbursement this Period 16.00  [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ..... ▶

61.00

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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-862915 Date of Disbursement
	Mailing Address P.O. Box 53155	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3155	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Catering	<input type="text" value="150.72"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) CORNER BAKERY	Transaction ID: SB21B-862915-10000 Date of Disbursement
	Mailing Address 12700 Park Central Dr. Suite 1	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City DALLAS State TX Zip Code 75251	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Catering	<input type="text" value="150.72"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-862916 Date of Disbursement
	Mailing Address P.O. Box 53155	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Phoenix State AZ Zip Code 85072-3155	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Events/Meetings	<input type="text" value="116.33"/>
	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) ▼
		See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="267.05"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 346 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) TELEFLORA.COM</p> <p>Mailing Address P.O. Box 60910</p> <p>City LOS ANGELES State CA Zip Code 90064</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862916-10000 <b>Date of Disbursement</b> 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 116.33</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-862917 <b>Date of Disbursement</b> 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 161.73</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FedEx Kinkos</p> <p>Mailing Address 715 D St. SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-862917-10000 <b>Date of Disbursement</b> 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 161.73</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

161.73

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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-862918 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 529.20  See Attached Memo Entry	
<b>B.</b>	Full Name (Last, First, Middle Initial) UNITED AIR  Mailing Address P.O. Box 66100  City CHICAGO State IL Zip Code 60666 Purpose of Disbursement Travel 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-862918-10000 Date of Disbursement 03 / 06 / 2009  Amount of Each Disbursement this Period 219.60  [MEMO ITEM] Memo Entry	
<b>C.</b>	Full Name (Last, First, Middle Initial) UNITED AIR  Mailing Address P.O. Box 66100  City CHICAGO State IL Zip Code 60666 Purpose of Disbursement Travel 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-862918-20000 Date of Disbursement 03 / 06 / 2009  Amount of Each Disbursement this Period 309.60  [MEMO ITEM] Memo Entry	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

529.20

**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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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-862919 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 72.35  See Attached Memo Entry	002 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) WASHINGTON FLYER TAXI  Mailing Address P.O. Box 17045  City WASHINGTON State DC Zip Code 20041 Purpose of Disbursement Travel 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-862919-10000 Date of Disbursement 03 / 06 / 2009  Amount of Each Disbursement this Period 72.35  [MEMO ITEM] Memo Entry	002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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-862920 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 2119.82  See Attached Memo Entry	002 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2192.17

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 349 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USAIRWAYS</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City TEMPE State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862920-10000 <b>Date of Disbursement</b> 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 675.20</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) USAIRWAYS</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City TEMPE State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862920-20000 <b>Date of Disbursement</b> 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) USAIRWAYS</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City TEMPE State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862920-30000 <b>Date of Disbursement</b> 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 242.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) TELEFLORA.COM</p> <p>Mailing Address P.O. Box 60910</p> <p>City LOS ANGELES State CA Zip Code 90064</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862920-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.94"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TELEFLORA.COM</p> <p>Mailing Address P.O. Box 60910</p> <p>City LOS ANGELES State CA Zip Code 90064</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862920-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.94"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) LOGAN INT'L</p> <p>Mailing Address Logan International Airport</p> <p>City BOSTON State MA Zip Code 02128</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862920-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6.12"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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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Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>USAIRWAYS</b></p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City TEMPE State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862920-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>TAJ BOSTON FOOD</b></p> <p>Mailing Address 16 Arlington St.</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862920-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="58.51"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>DELTA AIR</b></p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862920-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 352 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) DELTA AIR</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862920-100000</p> <p><b>Date of Disbursement</b> MM / DD / YYYY 03 / 30 / 2009</p> <p><b>Amount of Each Disbursement this Period</b> 458.60</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TAJ HOTELS INTERNATIONAL</p> <p>Mailing Address 15 Arlington St.</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862920-110000</p> <p><b>Date of Disbursement</b> MM / DD / YYYY 03 / 31 / 2009</p> <p><b>Amount of Each Disbursement this Period</b> 257.51</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862921</p> <p><b>Date of Disbursement</b> MM / DD / YYYY 04 / 22 / 2009</p> <p><b>Amount of Each Disbursement this Period</b> 779.74</p> <p>See Attached Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

779.74

**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)

PAGE 353 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USAIRWAYS</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City TEMPE State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862921-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="339.60"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Avenue</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862921-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="436.88"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Avenue</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862921-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.75"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 354 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Avenue</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862921-40000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">-6.49</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9	-6.49
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	9		2	0	0	9													
-6.49																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862922</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">107.65</td> </tr> </table> <p>See Attached Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9	107.65
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	2		2	0	0	9													
107.65																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) FOUR SEASONS HOTEL WA F&amp;B</p> <p>Mailing Address 2800 Pennsylvania Avenue NW</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862922-10000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">75.70</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9	75.70
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	9		2	0	0	9													
75.70																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	107.65
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 355 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
WASHINGTON COURT HTL F&B

Mailing Address 525 New Jersey Ave NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862922-20000  
Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

31.95

[MEMO ITEM]  
Memo Entry

B.

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862923  
Date of Disbursement

04 / 22 / 2009

Amount of Each Disbursement this Period

612.19

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)  
USAIRWAYS

Mailing Address 111 West Rio Salado Parkway

City Tempe State AZ Zip Code 85281

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862923-10000  
Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

579.20

[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

612.19

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 356 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) ORBITZ</p> <p>Mailing Address 500 West Madison Street Suite</p> <p>City Chicago State IL Zip Code 60661</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862923-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6.99"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WYNDHAM PHOENIX</p> <p>Mailing Address 50 E Adams St</p> <p>City Phoenix State AZ Zip Code 85004</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862923-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862924</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="253.00"/></p> <p>See Attached Memo Entry</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="253.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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 357 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 475 L'Enfant Plaza SW</p> <p>City Washington State DC Zip Code 20260</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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><b>Transaction ID:</b> SB21B-862924-10000</p> <p>Date of Disbursement MM / DD / YYYY 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 253.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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><b>Transaction ID:</b> SB21B-862925</p> <p>Date of Disbursement MM / DD / YYYY 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 291.84</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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><b>Transaction ID:</b> SB21B-862925-10000</p> <p>Date of Disbursement MM / DD / YYYY 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 4.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

291.84

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 358 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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><b>Transaction ID:</b> SB21B-862925-20000</p> <p>Date of Disbursement MM / DD / YYYY 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 48.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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><b>Transaction ID:</b> SB21B-862925-30000</p> <p>Date of Disbursement MM / DD / YYYY 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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><b>Transaction ID:</b> SB21B-862925-40000</p> <p>Date of Disbursement MM / DD / YYYY 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 16.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 359 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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><b>Transaction ID:</b> SB21B-862925-50000</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 16.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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><b>Transaction ID:</b> SB21B-862925-60000</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 12.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HEALTH GRADES, INC.</p> <p>Mailing Address 500 Golden Ridge Rd # 100</p> <p>City Golden State CO Zip Code 80401</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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><b>Transaction ID:</b> SB21B-862925-70000</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 9.95</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) DC GOV RECORDER OF DEEDS Mailing Address 515 D Street, NW City Washington State DC Zip Code 20001 Purpose of Disbursement Generic Cmte. Research Materials 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-862925-80000 Date of Disbursement MM / DD / YYYY 03 / 27 / 2009
	Amount of Each Disbursement this Period 16.00 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) PROTITLEUSA Mailing Address PO Box 52328 City Philadelphia State PA Zip Code 19053 Purpose of Disbursement Generic Cmte. Research Materials 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-862925-90000 Date of Disbursement MM / DD / YYYY 03 / 27 / 2009
	Amount of Each Disbursement this Period 137.95 [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Amazon Payments Mailing Address 1200 12th Avenue, Suite 1200 City Seattle State WA Zip Code 98144 Purpose of Disbursement Generic Cmte. Research Materials 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-862925-100000 Date of Disbursement MM / DD / YYYY 03 / 27 / 2009
	Amount of Each Disbursement this Period 11.94 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Subscriptions 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-862926 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 399.00  See Attached Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) NEWSLIBRARY.COM ARTICL  Mailing Address 397 Main St. PO Box 219  City Chester State VT Zip Code 05143  Purpose of Disbursement Subscriptions 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-862926-10000 Date of Disbursement 03 / 12 / 2009  Amount of Each Disbursement this Period 399.00  [MEMO ITEM] Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Wire Services On Line Svcs. 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-862927 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 5.99  See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	404.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 362 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
TMOBILE HOTSPOT

Mailing Address PO Box 37380

City Albuquerque State NM Zip Code 87176

Purpose of Disbursement Wire Services On Line Svcs. Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B-862927-10000  
**Date of Disbursement:** 04 / 03 / 2009

Amount of Each Disbursement this Period: 5.99

**[MEMO ITEM]**  
Memo Entry

**B.** Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement Generic Cmte. Printing Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B-862928  
**Date of Disbursement:** 04 / 22 / 2009

Amount of Each Disbursement this Period: 25.31

See Attached Memo Entry

**C.** Full Name (Last, First, Middle Initial)  
FedEx Kinkos

Mailing Address 1218 N Monroe Street

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement Generic Cmte. Printing Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** SB21B-862928-10000  
**Date of Disbursement:** 04 / 02 / 2009

Amount of Each Disbursement this Period: 25.31

**[MEMO ITEM]**  
Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 25.31

**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)

PAGE 363 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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-862929 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 261.01  See Attached Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) APPLEBEES  Mailing Address 1355 Apalachee Parkway  City TALLAHASSEE State FL Zip Code 32301 Purpose of Disbursement Travel 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-862929-10000 Date of Disbursement 04 / 02 / 2009  Amount of Each Disbursement this Period 15.66  [MEMO ITEM] Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) SPEEDWAY GRILL  Mailing Address 5501 Josh Birmingham Parkway  City CHARLOTTE State NC Zip Code 28208 Purpose of Disbursement Travel 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-862929-20000 Date of Disbursement 04 / 02 / 2009  Amount of Each Disbursement this Period 8.65  [MEMO ITEM] Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

261.01

**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)

PAGE 364 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) USAIRWAYS</p> <p>Mailing Address 4000 E Sky Harbor Blvd</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862929-30000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">15.00</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9	15.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	2		2	0	0	9													
15.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) GORDON BIRSCH</p> <p>Mailing Address National Airport</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862929-40000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">20.67</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9	20.67
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	2		2	0	0	9													
20.67																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) CABO'S ISLAND GRILL</p> <p>Mailing Address 1221 Apalachee Parkway</p> <p>City TALLAHASSEE State FL Zip Code 32301</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862929-50000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">26.48</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9	26.48
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	2		2	0	0	9													
26.48																						

**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 365 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) APPLEBEES</p> <p>Mailing Address 1355 Apalachee Parkway</p> <p>City TALLAHASSEE State FL Zip Code 32301</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862929-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.02"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ALAMO RENT-A-CAR</p> <p>Mailing Address 3300 Capital Cir SW</p> <p>City TALLAHASSEE State FL Zip Code 32310</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862929-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="154.53"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1232.32"/></p> <p>See Attached Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) SOUTHWESTAIR</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862930-10000 <b>Date of Disbursement</b> 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 213.70</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SOUTHWESTAIR</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862930-20000 <b>Date of Disbursement</b> 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 213.70</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) 14TH STREET BP</p> <p>Mailing Address 2600 14th Street</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862930-30000 <b>Date of Disbursement</b> 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 32.86</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 367 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CALIFORNIA TORTILLA</b>  Mailing Address 7727 Tuckerman Ln  City POTOMAC State MD Zip Code 20854 Purpose of Disbursement Travel 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-862930-40000 Date of Disbursement 03 / 30 / 2009  Amount of Each Disbursement this Period 11.32  <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DUNKIN</b>  Mailing Address 713 Upper Glen St  City QUEENSBURY State NY Zip Code 12804 Purpose of Disbursement Travel 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-862930-50000 Date of Disbursement 03 / 30 / 2009  Amount of Each Disbursement this Period 14.53  <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>HALFMOON SALAD AND SANDWICH</b>  Mailing Address 1615 Route 9  City Clifton Park State NY Zip Code 12065 Purpose of Disbursement Travel 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-862930-60000 Date of Disbursement 03 / 30 / 2009  Amount of Each Disbursement this Period 16.91  <b>[MEMO ITEM]</b> Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 368 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>STEWARTS SHOP</b></p> <p>Mailing Address 402 Bay Rd</p> <p>City QUEENSBURY State NY Zip Code 12801</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930-70000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">25.18</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9	25.18
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	0	9													
25.18																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVIDSON BROTHERS</b></p> <p>Mailing Address 184 Glen Street</p> <p>City Glen falls State NY Zip Code 12801</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930-80000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">48.16</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9	48.16
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	0	9													
48.16																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>LOX OF BAGELS &amp; MOOR</b></p> <p>Mailing Address 89 1 2 Main Street</p> <p>City QUEENSBURY State NY Zip Code 12804</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930-90000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">17.44</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9	17.44
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	0	9													
17.44																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) RIDGE STREET COFFEE</p> <p>Mailing Address 1 Ridge Street</p> <p>City GLEN FALLS State NY Zip Code 12804</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930-100000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.84"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DNCP&amp;R GIDEON PUTM CT RSV</p> <p>Mailing Address 24 Gideon Putnam Road</p> <p>City Saratoga Springs State NY Zip Code 12866</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930-110000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="132.67"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PRICELINE.COM HTL</p> <p>Mailing Address 800 Connecticut Ave # 8</p> <p>City Norwalk State CT Zip Code 06854</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930-120000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="407.12"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) STARBUCKS USA</p> <p>Mailing Address 351 Broadway</p> <p>City Saratoga Springs State NY Zip Code 12866</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930-130000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.89"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CIRCUS CAFE</p> <p>Mailing Address 392 Broadway</p> <p>City Saratoga Springs State NY Zip Code 12866</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930-140000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) THE CASCADES</p> <p>Mailing Address 407 Warren Street</p> <p>City Hudson State NY Zip Code 12534</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862930-150000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 371 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-862931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 1415.41
			See Attached Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) CATO TRAVEL  Mailing Address 1 C St.  City WASHINGTON State DC Zip Code 20515  Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-862931-10000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 25.00
			[MEMO ITEM] Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) CATO TRAVEL  Mailing Address 1 C St.  City WASHINGTON State DC Zip Code 20515  Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-862931-20000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 25.00
			[MEMO ITEM] Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1415.41

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 372 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) EXXONMOBIL</p> <p>Mailing Address 1800 Wilson Boulevard</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862931-30000</p> <p><b>Date of Disbursement</b> 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 27.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DELTA AIR</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862931-40000</p> <p><b>Date of Disbursement</b> 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 679.21</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DELTA AIR</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862931-50000</p> <p><b>Date of Disbursement</b> 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 659.20</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 373 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Seminar/ Staff Training</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862932</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1190.00"/></p> <p>See Attached Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) IPDI</p> <p>Mailing Address Ronald Reagan Bulding, 1300 Pe</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Seminar/ Staff Training</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862932-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1190.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862933</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="116.76"/></p> <p>See Attached Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1306.76"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hawk N Dove Restaurant</p> <p>Mailing Address 329 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862933-10000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">116.76</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	9	116.76
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	9													
116.76																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Wire Services On Line Svcs.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862934</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">180.84</td> </tr> </table> <p>See Attached Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9	180.84
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	2		2	0	0	9													
180.84																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) ONE WORLD HOSTING</p> <p>Mailing Address P.O. Box 880</p> <p>City Worthington State OH Zip Code 43085</p> <p>Purpose of Disbursement Wire Services On Line Svcs.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862934-10000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">9.95</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	0	9	9.95
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	9		2	0	0	9													
9.95																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

180.84

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 375 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) GODADDY.COM <hr/> Mailing Address 14455 N. Hayden Road Suite 219 <hr/> City Scottsdale State AZ Zip Code 85260 <hr/> Purpose of Disbursement Wire Services On Line Svcs. Candidate Name	Transaction ID: SB21B-862934-20000 Date of Disbursement MM / DD / YYYY 03 / 11 / 2009
	Amount of Each Disbursement this Period 32.67
	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input 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>B.</b> Full Name (Last, First, Middle Initial) GODADDY.COM <hr/> Mailing Address 14455 N. Hayden Road Suite 219 <hr/> City Scottsdale State AZ Zip Code 85260 <hr/> Purpose of Disbursement Wire Services On Line Svcs. Candidate Name	Transaction ID: SB21B-862934-30000 Date of Disbursement MM / DD / YYYY 03 / 16 / 2009
	Amount of Each Disbursement this Period 38.02
	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input 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>C.</b> Full Name (Last, First, Middle Initial) GODADDY.COM <hr/> Mailing Address 14455 N. Hayden Road Suite 219 <hr/> City Scottsdale State AZ Zip Code 85260 <hr/> Purpose of Disbursement Wire Services On Line Svcs. Candidate Name	Transaction ID: SB21B-862934-40000 Date of Disbursement MM / DD / YYYY 03 / 31 / 2009
	Amount of Each Disbursement this Period 100.20
	[MEMO ITEM] Memo Entry
	Office Sought: <input type="checkbox"/> House <input 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 376 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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-862936 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 277.56  See Attached Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) ALBANY AIRPORT LLC  Mailing Address Albany Int'L Arpt, 737 Albany-  City ALBANY State NY Zip Code 12211 Purpose of Disbursement Travel 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-862936-10000 Date of Disbursement 03 / 18 / 2009  Amount of Each Disbursement this Period 12.33  [MEMO ITEM] Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) ROCKHILL BAKEHOUSE  Mailing Address 19 Exchange St  City GLENS FALLS State NY Zip Code 12801 Purpose of Disbursement Travel 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-862936-20000 Date of Disbursement 03 / 18 / 2009  Amount of Each Disbursement this Period 20.00  [MEMO ITEM] Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

277.56

**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)

PAGE 377 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ROCKHILL BAKEHOUSE</b>	<b>Transaction ID:</b> SB21B-862936-30000 <b>Date of Disbursement</b>	<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>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	8		2	0	0	9														
	Mailing Address 19 Exchange St		Amount of Each Disbursement this Period																				
	City <b>GLENS FALLS</b> State <b>NY</b> Zip Code <b>12801</b>		10.00																				
	Purpose of Disbursement Travel	<b>002</b>																					
	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) ▼	<b>[MEMO ITEM]</b> Memo Entry																				
	State: District:																						
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>PMI BWI ESP LOT</b>	<b>Transaction ID:</b> SB21B-862936-40000 <b>Date of Disbursement</b>	<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>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	9		2	0	0	9														
	Mailing Address 1725 DeSales Street, N.W., Sui		Amount of Each Disbursement this Period																				
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20036</b>		27.00																				
	Purpose of Disbursement Travel	<b>002</b>																					
	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) ▼	<b>[MEMO ITEM]</b> Memo Entry																				
	State: District:																						
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>SIAM THAI SUSHI</b>	<b>Transaction ID:</b> SB21B-862936-50000 <b>Date of Disbursement</b>	<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>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	9		2	0	0	9														
	Mailing Address 200 Glen St		Amount of Each Disbursement this Period																				
	City <b>GLENS FALLS</b> State <b>NY</b> Zip Code <b>12801</b>		10.65																				
	Purpose of Disbursement Travel	<b>002</b>																					
	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) ▼	<b>[MEMO ITEM]</b> Memo Entry																				
	State: District:																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 378 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) QUEENSBURY HOTEL Mailing Address 88 Ridge Street City GLENS FALLS State NY Zip Code 12801 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-862936-60000 Date of Disbursement MM / DD / YYYY 03 / 20 / 2009
	Amount of Each Disbursement this Period 197.58 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-862937 Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	Amount of Each Disbursement this Period 125.93 See Attached Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) ROSEBOWL FLORIST Mailing Address 601 Van Ness City San Francisco State CA Zip Code 94102 Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-862937-10000 Date of Disbursement MM / DD / YYYY 03 / 30 / 2009
	Amount of Each Disbursement this Period 125.93 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	125.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 379 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Generic Cmte. Postage/Delivery 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-862938 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 840.00  See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) USPS  Mailing Address Longworth HOB  City WASHINGTON State DC Zip Code 20515  Purpose of Disbursement Generic Cmte. Postage/Delivery 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-862938-10000 Date of Disbursement 04 / 01 / 2009  Amount of Each Disbursement this Period 630.00  [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) USPS  Mailing Address Longworth HOB  City WASHINGTON State DC Zip Code 20515  Purpose of Disbursement Generic Cmte. Postage/Delivery 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-862938-20000 Date of Disbursement 04 / 03 / 2009  Amount of Each Disbursement this Period 210.00  [MEMO ITEM] Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

840.00

**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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-862939 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 538.38  See Attached Memo Entry	002 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Hotels.com  Mailing Address 3150 139th Ave SE  City Bellevue State WA Zip Code 98085 Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-862939-10000 Date of Disbursement 03 / 06 / 2009  Amount of Each Disbursement this Period 448.65  <b>[MEMO ITEM]</b> Memo Entry	002 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) SOFIA HOTEL  Mailing Address 150 West Broadway  City SAN DIEGO State CA Zip Code 92101 Purpose of Disbursement Travel 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>Transaction ID:</b> SB21B-862939-20000 Date of Disbursement 03 / 23 / 2009  Amount of Each Disbursement this Period 100.00  <b>[MEMO ITEM]</b> Memo Entry	002 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

538.38

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MAUI WOWI</b>	<b>Transaction ID:</b> SB21B-862939-30000
	Mailing Address 1 Aviation Circle	Date of Disbursement MM / DD / YYYY 03 / 23 / 2009
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 7.02
	Purpose of Disbursement Travel 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) ▼	002 Category/ Type <b>[MEMO ITEM]</b> Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CURRANT RESTAURANT</b>	<b>Transaction ID:</b> SB21B-862939-40000
	Mailing Address 160 West Broadway	Date of Disbursement MM / DD / YYYY 03 / 23 / 2009
	City SAN DIEGO State CA Zip Code 91251	Amount of Each Disbursement this Period 23.71
	Purpose of Disbursement Travel 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) ▼	002 Category/ Type <b>[MEMO ITEM]</b> Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>PARADIES</b>	<b>Transaction ID:</b> SB21B-862939-50000
	Mailing Address 1 Aviation Circle	Date of Disbursement MM / DD / YYYY 03 / 23 / 2009
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Travel 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) ▼	002 Category/ Type <b>[MEMO ITEM]</b> Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>SOFIA HOTEL</b>	<b>Transaction ID:</b> SB21B-862939-60000
	Mailing Address 150 West Broadway	Date of Disbursement MM / DD / YYYY 03 / 24 / 2009
	City SAN DIEGO State CA Zip Code 92101	Amount of Each Disbursement this Period -72.00
	Purpose of Disbursement Travel 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) ▼ Category/Type: 002	<b>[MEMO ITEM]</b> Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ORANGE CAB COMPANY</b>	<b>Transaction ID:</b> SB21B-862939-70000
	Mailing Address 4250 Pacific Hwy # 207	Date of Disbursement MM / DD / YYYY 03 / 24 / 2009
	City SAN DIEGO State CA Zip Code 92110	Amount of Each Disbursement this Period 16.00
	Purpose of Disbursement Travel 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) ▼ Category/Type: 002	<b>[MEMO ITEM]</b> Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>Bank of America</b>	<b>Transaction ID:</b> SB21B-862940
	Mailing Address P.O. Box 53155	Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	City Phoenix State AZ Zip Code 85072-3155	Amount of Each Disbursement this Period 1176.75
	Purpose of Disbursement Travel 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) ▼ Category/Type: 002	See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1176.75

**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)

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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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) UNITED AIR</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862940-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="389.20"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) COFFEE BEAN</p> <p>Mailing Address 160 West Broadway</p> <p>City SAN DIEGO State CA Zip Code 92101</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862940-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="6.25"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) PEETS COFFEE/TEA</p> <p>Mailing Address 11750 San Vicente Blvd</p> <p>City LOS ANGELES State CA Zip Code 90049</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862940-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="8.75"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) HOTEL PALOMAR LAWESTWOOD  Mailing Address 10740 Wilshire Blvd.  City LOS ANGELES State CA Zip Code 90024  Purpose of Disbursement Travel 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-862940-40000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9  Amount of Each Disbursement this Period 208.62  <b>[MEMO ITEM]</b> Memo Entry	
<b>B.</b>	Full Name (Last, First, Middle Initial) HOTEL PALOMAR LAWESTWOOD  Mailing Address 10740 Wilshire Blvd.  City LOS ANGELES State CA Zip Code 90024  Purpose of Disbursement Travel 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-862940-50000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9  Amount of Each Disbursement this Period 265.77  <b>[MEMO ITEM]</b> Memo Entry	
<b>C.</b>	Full Name (Last, First, Middle Initial) HOTEL PALOMAR LAWESTWOOD  Mailing Address 10740 Wilshire Blvd.  City LOS ANGELES State CA Zip Code 90024  Purpose of Disbursement Travel 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-862940-60000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9  Amount of Each Disbursement this Period 215.55  <b>[MEMO ITEM]</b> Memo Entry	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) LAX AIRPORT-PUCKS</p> <p>Mailing Address 1 World Way</p> <p>City LOS ANGELES State CA Zip Code 90045</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862940-70000</p> <p><b>Date of Disbursement</b> 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 12.83</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) DULLES AIRPORT TAXI</p> <p>Mailing Address P.O. Box 17045</p> <p>City Washington State DC Zip Code 20041</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862940-80000</p> <p><b>Date of Disbursement</b> 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 65.45</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) HOTEL PALOMAR LAWESTWOOD</p> <p>Mailing Address 10740 Wilshire Blvd.</p> <p>City LOS ANGELES State CA Zip Code 90024</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862940-90000</p> <p><b>Date of Disbursement</b> 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 4.33</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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-862941 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 467.20  See Attached Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) UNITED AIR  Mailing Address P.O. Box 66100  City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel 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-862941-10000 Date of Disbursement 03 / 06 / 2009  Amount of Each Disbursement this Period 399.80  [MEMO ITEM] Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) DULLES AIRPORT TAXI  Mailing Address P.O. Box 17045  City Washington State DC Zip Code 20041 Purpose of Disbursement Travel 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-862941-20000 Date of Disbursement 03 / 25 / 2009  Amount of Each Disbursement this Period 67.40  [MEMO ITEM] Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

467.20

**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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel 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-862942 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 687.42  See Attached Memo Entry	
<b>B.</b>	Full Name (Last, First, Middle Initial) VIRGIN AMERICA  Mailing Address 555 Airport Blvd # 200,  City BURLINGAME State CA Zip Code 94010 Purpose of Disbursement Travel 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-862942-10000 Date of Disbursement 04 / 01 / 2009  Amount of Each Disbursement this Period 379.20  [MEMO ITEM] Memo Entry	
<b>C.</b>	Full Name (Last, First, Middle Initial) Hotels.com  Mailing Address 3150 139th Ave SE  City Bellevue State WA Zip Code 75231 Purpose of Disbursement Travel 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-862942-20000 Date of Disbursement 04 / 01 / 2009  Amount of Each Disbursement this Period 138.22  [MEMO ITEM] Memo Entry	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

687.42

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) VIRGIN AMERICA</p> <p>Mailing Address 555 Airport Blvd # 200,</p> <p>City BURLINGAME State CA Zip Code 94010</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862942-30000 <b>Date of Disbursement</b> 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 170.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862943 <b>Date of Disbursement</b> 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 150.56</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) EXXONMOBIL</p> <p>Mailing Address 339 Pennsylvania Ave, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862943-10000 <b>Date of Disbursement</b> 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 24.18</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

150.56

**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

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(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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) SUNOCO SVC STATION</p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862943-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.96"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SHELL OIL</p> <p>Mailing Address 10515 Connecticut Ave.</p> <p>City KENSINGTON State MD Zip Code 20895</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862943-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.49"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SUNOCO SVC STATION</p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862943-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.08"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) SUNOCO SVC STATION</p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862943-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.21"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SUNOCO SVC STATION</p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862943-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.44"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SUBWAY</p> <p>Mailing Address 406 1st Street SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862943-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.50"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></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)

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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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>SUBWAY</b></p> <p>Mailing Address 406 1st Street SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B-862943-80000 Date of Disbursement 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 5.50</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>SUNOCO SVC STATION</b></p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B-862943-90000 Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 20.20</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>Bank of America</b></p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B-862984 Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 145.48</p> <p>See Attached Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **145.48**

**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

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>FOUR SEASONS HOTEL WA F&amp;B</b></p> <p>Mailing Address 2800 Pennsylvania Avenue NW</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862984-10000</p> <p>Date of Disbursement MM / DD / YYYY 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 145.48</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Bank of America</b></p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862985</p> <p>Date of Disbursement MM / DD / YYYY 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 886.56</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>FOUR SEASONS HOTEL WA F&amp;B</b></p> <p>Mailing Address 2800 Pennsylvania Avenue NW</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862985-10000</p> <p>Date of Disbursement MM / DD / YYYY 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 886.56</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>886.56</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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(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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Generic Cmte. Events/Meetings 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-862986 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 1325.96  See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS  Mailing Address 404 1st Street, SE  City WASHINGTON State DC Zip Code 20003  Purpose of Disbursement Generic Cmte. Events/Meetings 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-862986-10000 Date of Disbursement 03 / 24 / 2009  Amount of Each Disbursement this Period 287.41  [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bergmann's Cleaning INC  Mailing Address 44991 Falcon Place  City Sterling State VA Zip Code 20166  Purpose of Disbursement Generic Cmte. Events/Meetings 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-862986-20000 Date of Disbursement 03 / 30 / 2009  Amount of Each Disbursement this Period 88.55  [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1325.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) CHARLIE PALMER STEAK</p> <p>Mailing Address 101 Constitution Ave</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862986-30000 <b>Date of Disbursement</b> 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 950.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862987 <b>Date of Disbursement</b> 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 3200.00</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) EASTCOAST GRILL CATERING</p> <p>Mailing Address 1271 Cambridge Street</p> <p>City CAMBRIDGE State MA Zip Code 02139</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862987-10000 <b>Date of Disbursement</b> 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 3200.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3200.00

**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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Generic Cmte. Events/Meetings 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-862988 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 5139.06  See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) TELEFLORA.COM  Mailing Address 51 Beach Street  City NEW YORK State NY Zip Code 10013  Purpose of Disbursement Generic Cmte. Events/Meetings 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-862988-10000 Date of Disbursement 03 / 12 / 2009  Amount of Each Disbursement this Period 1235.48  [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) FedEx Kinkos  Mailing Address 16 E 52nd Street  City NEW YORK State NY Zip Code 10022  Purpose of Disbursement Generic Cmte. Events/Meetings 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-862988-20000 Date of Disbursement 03 / 13 / 2009  Amount of Each Disbursement this Period 93.10  [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ..... ▶

5139.06

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>UNION STATION PARKING</b></p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862988-30000 <b>Date of Disbursement</b> 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 32.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PARTY RENTAL LTD</b></p> <p>Mailing Address 22 E 72ND St</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862988-40000 <b>Date of Disbursement</b> 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 146.43</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>PARTY RENTAL LTD</b></p> <p>Mailing Address 22 E 72ND St</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-862988-50000 <b>Date of Disbursement</b> 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 3632.05</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Generic Cmte. Supplies 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-862989 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 1.05  See Attached Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) APL ITUNES  Mailing Address 1 Infinite Loop  City Cupertino State CA Zip Code 95014  Purpose of Disbursement Generic Cmte. Supplies 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-862989-10000 Date of Disbursement 03 / 30 / 2009  Amount of Each Disbursement this Period 1.05  [MEMO ITEM] Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Generic Cmte. Supplies 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-862990 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 4166.31  See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4167.36</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) ATLANTIC CITY INSTRUMENT</p> <p>Mailing Address 6677 Black Horse Pike</p> <p>City Egg Harbor State NJ Zip Code 08234</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862990-10000 <b>Date of Disbursement</b> 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 4166.31</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991 <b>Date of Disbursement</b> 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 523.68</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AMTRAK .COM</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991-10000 <b>Date of Disbursement</b> 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 288.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	523.68
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) BISTRO CAFE</p> <p>Mailing Address 320 Park Ave</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.68"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NYC TAXI</p> <p>Mailing Address 303 9th Ave</p> <p>City NEW YORK State NY Zip Code 10001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13.30"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NYC TAXI</p> <p>Mailing Address 303 9th Ave</p> <p>City NEW YORK State NY Zip Code 10001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.10"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) AFFINIA FIFTY</p> <p>Mailing Address 155 East 50th Street</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="120.61"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AFFINIA FIFTY</p> <p>Mailing Address 155 East 50th Street</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="8.67"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AU BON PAIN #125 CAFE</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="16.46"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) PRIMO CAPPUCCINO</p> <p>Mailing Address Penn Station</p> <p>City NEW YORK State NY Zip Code 10119</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991-80000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">10.86</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	9	10.86
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	9													
10.86																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) AMTRAK</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862991-90000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">22.00</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	9	22.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	9													
22.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862992</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">98.00</td> </tr> </table> <p>See Attached Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9	98.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	2		2	0	0	9													
98.00																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

98.00

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address B-202 Longworth HOB</p> <p>City WASHINGTON State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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><b>Transaction ID:</b> SB21B-862992-10000</p> <p>Date of Disbursement MM / DD / YYYY 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 98.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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><b>Transaction ID:</b> SB21B-862993</p> <p>Date of Disbursement MM / DD / YYYY 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 98.00</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address B-202 Longworth HOB</p> <p>City WASHINGTON State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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><b>Transaction ID:</b> SB21B-862993-10000</p> <p>Date of Disbursement MM / DD / YYYY 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 98.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	98.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 403 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-862994 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 98.00
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Generic Cmte. Postage/Delivery	001 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) ▼	See Attached Memo Entry
	State: District:	

B.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: SB21B-862994-10000 Date of Disbursement 04 / 03 / 2009
	Mailing Address B-202 Longworth HOB	Amount of Each Disbursement this Period 98.00
	City WASHINGTON State DC Zip Code 20515	
	Purpose of Disbursement Generic Cmte. Postage/Delivery	001 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) ▼	[MEMO ITEM] Memo Entry
	State: District:	

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-862995 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 10.27
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Wire Services On Line Svcs.	001 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) ▼	See Attached Memo Entry
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	108.27
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) BWI BOINGO WIRELESS</p> <p>Mailing Address 10960 Wilshire Boulevard</p> <p>City Los Angeles State CA Zip Code 90404</p> <p>Purpose of Disbursement Wire Services On Line Svcs. 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><b>Transaction ID:</b> SB21B-862995-10000 <b>Date of Disbursement</b> 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 10.27</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies 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><b>Transaction ID:</b> SB21B-862996 <b>Date of Disbursement</b> 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 229.69</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WWW.NEWEGG.COM</p> <p>Mailing Address 9997 E. Rose Hills Road</p> <p>City Whittier State CA Zip Code 90601</p> <p>Purpose of Disbursement Generic Cmte. Supplies 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><b>Transaction ID:</b> SB21B-862996-10000 <b>Date of Disbursement</b> 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 24.99</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

229.69

**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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) PROVANTAGE CORP	<b>Transaction ID:</b> SB21B-862996-20000 <b>Date of Disbursement</b>																				
Mailing Address 7249 Whipple Avenue NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	9												
City North Canton State OH Zip Code 44720	Amount of Each Disbursement this Period																				
Purpose of Disbursement Generic Cmte. Supplies	<table border="1"> <tr> <td>182.71</td> </tr> </table>	182.71																			
182.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input 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>B.</b> Full Name (Last, First, Middle Initial) WWW.NEWEGG.COM	<b>Transaction ID:</b> SB21B-862996-30000 <b>Date of Disbursement</b>																				
Mailing Address 9997 E. Rose Hills Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
City Whittier State CA Zip Code 90601	Amount of Each Disbursement this Period																				
Purpose of Disbursement Generic Cmte. Supplies	<table border="1"> <tr> <td>21.99</td> </tr> </table>	21.99																			
21.99																					
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>C.</b> Full Name (Last, First, Middle Initial) Bank of America	<b>Transaction ID:</b> SB21B-862997 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53155	<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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	0	9												
City Phoenix State AZ Zip Code 85072-3155	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>12.00</td> </tr> </table>	12.00																			
12.00																					
Candidate Name	Category/ Type 002																				
Office Sought: <input type="checkbox"/> House <input 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>UNION STATION PARKING</b></p> <p>Mailing Address 50 Massachusetts Ave NE</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862997-10000 <b>Date of Disbursement</b> 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 12.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Bank of America</b></p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings 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><b>Transaction ID:</b> SB21B-862998 <b>Date of Disbursement</b> 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 49.95</p> <p>See Attached Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>PLAXO</b></p> <p>Mailing Address 203 Ravendale Dr</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings 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><b>Transaction ID:</b> SB21B-862998-10000 <b>Date of Disbursement</b> 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 49.95</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

49.95

**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 407 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Travel 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-862999 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 8103.33
			See Attached Memo Entry
<b>B.</b>	Full Name (Last, First, Middle Initial) THE SOURCE  Mailing Address 575 Pennsylvania Ave, NW  City WASHINGTON State DC Zip Code 20004  Purpose of Disbursement Travel 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-862999-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 386.20
			[MEMO ITEM] Memo Entry
<b>C.</b>	Full Name (Last, First, Middle Initial) THE SOURCE  Mailing Address 575 Pennsylvania Ave, NW  City WASHINGTON State DC Zip Code 20004  Purpose of Disbursement Travel 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-862999-20000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 52.00
			[MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8103.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>NATIONAL DEMOCRATIC CLUB</b></p> <p>Mailing Address 30 Ivy St SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862999-30000 <b>Date of Disbursement</b> 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 62.50</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>USAIRWAYS</b></p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862999-40000 <b>Date of Disbursement</b> 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 850.20</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>USAIRWAYS</b></p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel 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><b>Transaction ID:</b> SB21B-862999-50000 <b>Date of Disbursement</b> 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p><b>[MEMO ITEM]</b> 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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>DELTA AIR</b></p> <p>Mailing Address 2 Capitol Sq SW</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-60000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">339.60</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	9	339.60
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	6		2	0	0	9													
339.60																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>LOGAN TAVERN</b></p> <p>Mailing Address 1423 P St NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-70000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">61.70</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	9	61.70
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	8		2	0	0	9													
61.70																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>LOEWS HOTELS THE REGENCY</b></p> <p>Mailing Address 540 Park Ave</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-80000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">437.15</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	9	437.15
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	8		2	0	0	9													
437.15																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 410 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Ave</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.85"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Ave</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-100000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1286.49"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) USAIRWAYS</p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-110000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-510.60"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) AWEA</p> <p>Mailing Address 1501 M St NW # 1000</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-120000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AWEA</p> <p>Mailing Address 1501 M St NW # 1000</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-130000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN AIR</p> <p>Mailing Address 3800 N Mingo Rd</p> <p>City Tulsa State OK Zip Code 74063</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-140000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="304.20"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 412 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>INTERCONTINENTAL HOTELS</b></p> <p>Mailing Address 2151 Avenue of the Stars</p> <p>City LOS ANGELES State CA Zip Code 90067</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-150000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">560.82</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9	560.82
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	0	9													
560.82																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>SOUTHWESTAIR</b></p> <p>Mailing Address 2702 Love Field Dr</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-160000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">159.60</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9	159.60
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	0	9													
159.60																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>SOUTHWESTAIR</b></p> <p>Mailing Address 2702 Love Field Dr</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-170000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">-159.60</td> </tr> </table> <p><b>[MEMO ITEM]</b> Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	9	-159.60
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	6		2	0	0	9													
-159.60																						

**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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USAIRWAYS</p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-180000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">717.60</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) USAIRWAYS</p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-190000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">25.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN AIR</p> <p>Mailing Address 3800 N Mingo Rd</p> <p>City Tulsa State OK Zip Code 74063</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-200000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">659.60</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 414 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) DELTA AIR</p> <p>Mailing Address 2 Capitol Sq SW</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-210000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">458.60</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) DELTA AIR</p> <p>Mailing Address 2 Capitol Sq SW</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-220000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">20.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) TAJ HOTELS INTERNATIONAL</p> <p>Mailing Address 15 Arlington Stree</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-230000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">257.51</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 415 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) TAJ HOTELS INTERNATIONAL</p> <p>Mailing Address 15 Arlington Street</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-240000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="257.51"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) USAIRWAYS</p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-250000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-717.60"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) 701/801 PENNSYLVANIA AVE</p> <p>Mailing Address 701 Pennsylvania Ave, NW</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-862999-260000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 416 / 551

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brennan Bilberry</p> <p>Mailing Address 722 5th St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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><b>Transaction ID:</b> SB21B-863000</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 73.92</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lila Rose</p> <p>Mailing Address 1531 North Pierce Street #811</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863002</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 30.90</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lila Rose</p> <p>Mailing Address 1531 North Pierce Street #811</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Telephones</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><b>Transaction ID:</b> SB21B-863003</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 180.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

284.82

**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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Lila Rose	Transaction ID: SB21B-863004 Date of Disbursement 04 / 23 / 2009
	Mailing Address 1531 North Pierce Street #811 City Arlington State VA Zip Code 22209 Purpose of Disbursement Travel 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) ▼	Amount of Each Disbursement this Period 14.27 002 Category/Type

B.	Full Name (Last, First, Middle Initial) Todd Schulte	Transaction ID: SB21B-863005 Date of Disbursement 04 / 23 / 2009
	Mailing Address 631 D Street, NW Apt. 230 City Washington State DC Zip Code 20004 Purpose of Disbursement Telephones 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) ▼	Amount of Each Disbursement this Period 155.54 001 Category/Type

C.	Full Name (Last, First, Middle Initial) Todd Schulte	Transaction ID: SB21B-863007 Date of Disbursement 04 / 23 / 2009
	Mailing Address 631 D Street, NW Apt. 230 City Washington State DC Zip Code 20004 Purpose of Disbursement Per Diem 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) ▼	Amount of Each Disbursement this Period 600.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>769.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kelly &amp; Associates Insurance Group, Inc.</p> <p>Mailing Address P.O. Box 630283</p> <p>City Baltimore State MD Zip Code 21263</p> <p>Purpose of Disbursement Generic Cmte. Processing 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><b>Transaction ID:</b> SB21B-862781</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 45.60</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kelly &amp; Associates Insurance Group, Inc.</p> <p>Mailing Address P.O. Box 630283</p> <p>City Baltimore State MD Zip Code 21263</p> <p>Purpose of Disbursement Insurance</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><b>Transaction ID:</b> SB21B-862782</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 33605.61</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blue State Digital, LLC</p> <p>Mailing Address 734 15th Street, NW Suite 1200</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. OnLine Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863009</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 20550.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

54201.21

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marissa Halat</p> <p>Mailing Address 156 Newbury Road</p> <p>City Howell State NJ Zip Code 07731</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863010</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.00"/></p> <p>Category/Type: <input type="text" value="002"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sisk Mailing Service</p> <p>Mailing Address 203 Log Canoe Circle</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863012</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="88000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) 4C Partners, LLC</p> <p>Mailing Address 718 Seventh Street, NW Suite 300</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863013</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20000.00"/></p> <p>Category/Type: <input type="text"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="108048.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

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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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
Earl L. Ashton

Transaction ID: SB21B-863014  
Date of Disbursement

Mailing Address 6924 9th Street NW

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

City Washington State DC Zip Code 20012

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel

002
Category/ Type

59.00
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
AT & T

Transaction ID: SB21B-863015  
Date of Disbursement

Mailing Address P.O. Box 13148

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

City Newark State NJ Zip Code 07101-5648

Amount of Each Disbursement this Period

Purpose of Disbursement  
Computer Services

Category/ Type

3032.54
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Berliner Photography, LLC

Transaction ID: SB21B-863016  
Date of Disbursement

Mailing Address PO Box 480066

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

City Los Angeles State CA Zip Code 90048

Amount of Each Disbursement this Period

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Category/ Type

1050.00
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4141.54
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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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Russ Campbell Photography <hr/> Mailing Address 1 Charles Street <hr/> City Maynard State MA Zip Code 01754 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863017 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 475.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Terri New <hr/> Mailing Address 11740 San Vicente Blvd Suite 204 <hr/> City Los Angeles State CA Zip Code 90049 <hr/> Purpose of Disbursement Generic Cmte. Fundraising Svcs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863018 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 10000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) David L. Andrukitis, Inc. <hr/> Mailing Address 50 E Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863019 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 266.49

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10741.49

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) David L. Andrukitis, Inc.	Transaction ID: SB21B-863020 Date of Disbursement
	Mailing Address 50 E Street, SE	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Printing	<input type="text" value="148.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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 L. Andrukitis, Inc.	Transaction ID: SB21B-863021 Date of Disbursement
	Mailing Address 50 E Street, SE	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Printing	<input type="text" value="218.90"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David L. Andrukitis, Inc.	Transaction ID: SB21B-863022 Date of Disbursement
	Mailing Address 50 E Street, SE	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Printing	<input type="text" value="401.32"/>
	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) ..... ▶

**768.27**

**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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) David L. Andrukitis, Inc.  Mailing Address 50 E Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Generic Cmte. Printing 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-863023 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9  Amount of Each Disbursement this Period 292.93
<b>B.</b>	Full Name (Last, First, Middle Initial) Diana Fassbender  Mailing Address 1629 Columbia Rd NW Apt 630  City Washington State DC Zip Code 20009  Purpose of Disbursement Travel 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-863024 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9  Amount of Each Disbursement this Period 159.45
<b>C.</b>	Full Name (Last, First, Middle Initial) Susan Gage Caterers, Inc.  Mailing Address 7411 Livingston Road  City Oxon Hill State MD Zip Code 20745  Purpose of Disbursement Generic Cmte. Events/Meetings 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-863025 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9  Amount of Each Disbursement this Period 7007.96

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**7460.34**

**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)

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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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Amie Kershner <hr/> Mailing Address 3114 E Baltimore <hr/> City Baltimore State MD Zip Code 21224 <hr/> Purpose of Disbursement Generic Cmte. Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 62.72
<b>B.</b> Full Name (Last, First, Middle Initial) Melissa Kurek <hr/> Mailing Address 1741 U St NW Apt 1 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863027 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 57.00
<b>C.</b> Full Name (Last, First, Middle Initial) Bradley Pollock <hr/> Mailing Address 1309 K Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Generic Cmte. Research Materials Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 77.55

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

197.27

**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)

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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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address PO Box 25505  City Lehigh Valley State PA Zip Code 18002-5505  Purpose of Disbursement Wireless Service 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-863029 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9  Amount of Each Disbursement this Period 648.28  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address P.O. Box 660720  City Dallas State TX Zip Code 75266  Purpose of Disbursement Telephones 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-863030 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9  Amount of Each Disbursement this Period 31.86  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Jonathan Vogel  Mailing Address 1239 Duncan Place, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Travel 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-863031 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9  Amount of Each Disbursement this Period 27.00  002 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

707.14

**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

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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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Jonathan Vogel	Transaction ID: SB21B-863032 Date of Disbursement 04 / 24 / 2009
	Mailing Address 1239 Duncan Place, NE	Amount of Each Disbursement this Period 56.50
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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 Vogel	Transaction ID: SB21B-863033 Date of Disbursement 04 / 24 / 2009
	Mailing Address 1239 Duncan Place, NE	Amount of Each Disbursement this Period 96.45
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Telephones Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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) Louisa Whitney	Transaction ID: SB21B-863034 Date of Disbursement 04 / 24 / 2009
	Mailing Address 1701 16th St., NW Apt. 721	Amount of Each Disbursement this Period 27.40
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ►

180.35

**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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian L Wolff <hr/> Mailing Address 1443 Q Street, NW <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863035 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 20.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Voter Activation Network <hr/> Mailing Address 48 Grove Street Suite 202 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement Subscriptions Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863036 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa Presta <hr/> Mailing Address 2337 16th Ave. <hr/> City San Francisco State CA Zip Code 94116 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863037 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 525.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2045.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Milly C Velez-Cooper Mailing Address 1682 Cedar Hollow Way City Reston State VA Zip Code 20194 Purpose of Disbursement Petty Cash 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-863038 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 92.29 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Nirali Amin Mailing Address 614 Walden Way City Lumberton State NJ Zip Code 08048 Purpose of Disbursement Payroll 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-863042 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2524.62 Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) Beth Barefoot Mailing Address 100 I Street, SE Apt. 913 City Washington State DC Zip Code 20003 Purpose of Disbursement Payroll 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-863043 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 3632.40 Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6249.31
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Emily Elizabeth Charlap <hr/> Mailing Address 719 D Street, NE Apt. 105 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863044 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2576.39
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Jacqueline M Forte-Mackay <hr/> Mailing Address 7511 Jaffrey Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863046 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 7235.07
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Amanda Kohn <hr/> Mailing Address 7746 Wolford Way <hr/> City Lorton State VA Zip Code 22079 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863047 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 3104.18
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

12915.64

**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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kristie Mark <hr/> Mailing Address 2226 Decatur Place, NW <hr/> City Washington State DC Zip Code 20008 Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863048 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 6847.54
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Glynis L Mason <hr/> Mailing Address 1807 D Dewitt Avenue <hr/> City Alexandria State VA Zip Code 22301 Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863049 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 4103.79
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Wilma J Simms <hr/> Mailing Address 11644 Lockwood Dr. Apt. 204 <hr/> City Silver Spring State MD Zip Code 20904 Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863050 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2189.18
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**13140.51**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Milly C Velez-Cooper <hr/> Mailing Address 1682 Cedar Hollow Way <hr/> City Reston State VA Zip Code 20194 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863051 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 3450.32
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) William Ermini <hr/> Mailing Address 2006 Oswald Place <hr/> City Falls Church State VA Zip Code 20043 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863052 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2898.41
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) David Winston <hr/> Mailing Address 4141 N. Henderson Rd. Apt. 1213 <hr/> City Arlington State VA Zip Code 22203 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863054 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5290.31
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11639.04

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brandon English</p> <p>Mailing Address 1201 S. Courthouse Road #829</p> <p>City Arlington State VA Zip Code 22204</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863055</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3203.89"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason Rosenbaum</p> <p>Mailing Address 912 F St., NW #503</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863057</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="420.49"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Taryn Rosenkranz</p> <p>Mailing Address 2234 Observatory Place NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863058</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5429.74"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9054.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Taryn Rosenkranz</p> <p>Mailing Address 2234 Observatory Place NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863059</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1471.25"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lila Rose</p> <p>Mailing Address 1531 North Pierce Street #811</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863061</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3225.48"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Vogel</p> <p>Mailing Address 1239 Duncan Place, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863062</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11009.43"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15706.16"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brian L Wolff</p> <p>Mailing Address 1443 Q Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863063 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 10565.54</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Beverly Gilyard</p> <p>Mailing Address 2530 Hunters Square Court</p> <p>City Reston State VA Zip Code 20191</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863064 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 7184.26</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Adam Goldberg</p> <p>Mailing Address 2151 California Street, NW Apt. 203</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863065 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2615.74</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

20365.54

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Robert Mook</p> <p>Mailing Address 1305 P Street, NW Apt. 1</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863068 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 7807.74</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Pihlaja</p> <p>Mailing Address 3300 16th St NW #1015</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863070 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 7608.81</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bret Wask</p> <p>Mailing Address 224 Gretna Green Court</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863071 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5666.47</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**21083.02**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Trevor Willett</p> <p>Mailing Address 715 G St. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863072</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2399.09"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brennan Bilberry</p> <p>Mailing Address 722 5th St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863073</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3171.16"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Adam Broder</p> <p>Mailing Address 3118 Mt. Pleasant St. NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863074</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2757.59"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8327.84"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nicole Landset</p> <p>Mailing Address 1826 15th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863075</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">5381.91</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christine Lombardi</p> <p>Mailing Address 1436 E Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863076</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">2677.45</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Heather McHugh</p> <p>Mailing Address 2130 P Street NW Apt.603</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863077</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">4926.11</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12985.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin McKeon  Mailing Address 408 15th St., SE Unit B  City Washington State DC Zip Code 20003  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B-863078 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period  3695.78
<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly Polce  Mailing Address 1725 New Hampshire Ave., NW Apt #303  City Washington State DC Zip Code 20009  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B-863079 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period  2230.65
<b>C.</b>	Full Name (Last, First, Middle Initial) Bradley Pollock  Mailing Address 1309 K Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B-863080 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period  2847.94

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8774.37

**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

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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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Gabrielle Adler <hr/> Mailing Address 2939 Van Ness Street, NW Apt. 809 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863081 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 3642.64
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Stephen Carter <hr/> Mailing Address 1207 Constitution Ave., NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863082 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2219.84
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Crider <hr/> Mailing Address 3634 Gunston Road <hr/> City Alexandria State VA Zip Code 22303 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863083 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 7171.93
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

13034.41

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Christopher Fitzgerald</p> <p>Mailing Address 2630 Adams Mill Road, NW Apt. 308</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863084 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1368.64</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ryan Rudominer</p> <p>Mailing Address 1320 N. Veitech Street Apt. 1201</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863085 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 4705.92</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jessica Santillo</p> <p>Mailing Address 2122 Massachusetts Avenue, NW Apt. 832</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863086 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 3803.91</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9878.47

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Shirpal Shah</p> <p>Mailing Address 1734 P Street, NW Apt. 24</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863087 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 3765.40</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steven Silver</p> <p>Mailing Address 4409 4TH Road North #2</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863088 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 4055.71</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Andrew Stone</p> <p>Mailing Address 1002 O Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863089 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 3915.05</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11736.16

**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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
Douglass Thornell

Transaction ID: SB21B-863090  
Date of Disbursement

Mailing Address 1844 Columbia Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

City Washington State DC Zip Code 20009

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

001
Category/ Type

1050.75
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Stephanie Young

Transaction ID: SB21B-863091  
Date of Disbursement

Mailing Address 910 M Street, NW #616

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

001
Category/ Type

2860.61
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Carmela Clendening

Transaction ID: SB21B-863092  
Date of Disbursement

Mailing Address 1390 Kenyon Street, NW Apt.404

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	9

City Washington State DC Zip Code 20010

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

001
Category/ Type

2123.94
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

6035.30
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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)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Tiffany Deinzer  Mailing Address 664 Lexington Place, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B-863093 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period  1581.83
<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel O'brien  Mailing Address 1734 T Street, NW Unit 1  City Washington State DC Zip Code 20009  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B-863094 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period  3596.24
<b>C.</b>	Full Name (Last, First, Middle Initial) Yates Baroody  Mailing Address 2414 Tunlaw Road NW  City Washington State DC Zip Code 20007  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B-863096 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period  3029.78

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8207.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lindsay Brown</p> <p>Mailing Address 1112 M Street NW Apt. 1012</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863099 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2576.39</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Diana Fassbender</p> <p>Mailing Address 1629 Columbia Rd NW Apt 630</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863100 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 4207.17</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rachel Fischetti</p> <p>Mailing Address 2827 28th St., NW #30</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863101 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 3603.67</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10387.23

**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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rachel Fischetti</p> <p>Mailing Address 2827 28th St., NW #30</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B-863102</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="882.75"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Melissa Kurek</p> <p>Mailing Address 1741 U St NW Apt 1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B-863103</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4382.77"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Melissa Kurek</p> <p>Mailing Address 1741 U St NW Apt 1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B-863104</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="3531.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lindsey Melander</p> <p>Mailing Address 631 D Street, NW Apt. 230</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863106 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 4750.61</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lindsey Melander</p> <p>Mailing Address 631 D Street, NW Apt. 230</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863107 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 4119.50</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brian O'Donnell</p> <p>Mailing Address 3460 14th Street, NW Apt. 124</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863108 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1943.15</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10813.26

**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)

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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 Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Brian O'Donnell</p> <p>Mailing Address 3460 14th Street, NW Apt. 124</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863109</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 308.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Laura Rose</p> <p>Mailing Address 1722 19th Street, NW #703</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863110</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2118.71</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Amy Salomone</p> <p>Mailing Address 2568 University Place, N.W. Apt. 2</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863111</p> <p>Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 3453.70</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**5880.41**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Amy Salomone <hr/> Mailing Address 2568 University Place, N.W. Apt. 2 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863112 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 882.75
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kate Sullivan <hr/> Mailing Address 1302 Massachusetts Ave., SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863113 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1981.80
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Kate Sullivan <hr/> Mailing Address 1302 Massachusetts Ave., SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863114 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 306.75
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3171.30

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amanda Swenson</p> <p>Mailing Address 4419 N. 4th Road Apt. 2</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863115 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 3695.01</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alexander Van Wagner</p> <p>Mailing Address 1339 Perry Place NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863116 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2203.83</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alexander Van Wagner</p> <p>Mailing Address 1339 Perry Place NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll 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><b>Transaction ID:</b> SB21B-863117 <b>Date of Disbursement</b> 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 306.75</p> <p>001 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6205.59

**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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Louisa Whitney	Transaction ID: SB21B-863118 Date of Disbursement																			
	Mailing Address 1701 16th St., NW Apt. 721	<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll	<table border="1"><tr><td>5977.29</td></tr></table>	5977.29																		
5977.29																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input 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) Louisa Whitney	Transaction ID: SB21B-863119 Date of Disbursement																			
	Mailing Address 1701 16th St., NW Apt. 721	<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll	<table border="1"><tr><td>4413.75</td></tr></table>	4413.75																		
4413.75																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input 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 Berkson	Transaction ID: SB21B-863120 Date of Disbursement																			
	Mailing Address 7710 Woodmont Ave #805	<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	4		2	0	0	9												
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll	<table border="1"><tr><td>4026.53</td></tr></table>	4026.53																		
4026.53																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>14417.57</td></tr></table>	14417.57
14417.57		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Lauren Dikis <hr/> Mailing Address 3105 11th St., NW <hr/> City Washington State DC Zip Code 20010 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 4060.18
<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Fenity <hr/> Mailing Address 2732 Ordway Street NW #6 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863122 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 3351.03
<b>C.</b>	Full Name (Last, First, Middle Initial) Brent Parrish <hr/> Mailing Address 719 D. St. NE Apt. 301 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863126 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 1840.35

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9251.56

**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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Todd Schulte</p> <p>Mailing Address 631 D Street, NW Apt. 230</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863127</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3733.38"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gregory Berlin</p> <p>Mailing Address 2701 Calvert St., NW Apt. 404</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863128</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1913.79"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Angela Guzman</p> <p>Mailing Address 1309 N. Glebe Road</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863129</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4046.67"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="9693.84"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Angela Guzman</p> <p>Mailing Address 1309 N. Glebe Road</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863130</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1540.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David Higa</p> <p>Mailing Address 801 North Monroe St. #407</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863131</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2851.37"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joseph Shafer</p> <p>Mailing Address 100 I Street, S.E. Apt. 603</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863132</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4899.70"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9291.07"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Marlon Marshall  Mailing Address 127 U Street, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B-863133 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period  2792.04
<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Brennan  Mailing Address 809 6th St., NW Apt 35  City Washington State DC Zip Code 20001  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B-863008 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period  1500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) George Connelly  Mailing Address 113 1/2 Tennessee Ave, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Payroll 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>Transaction ID:</b> SB21B-863045 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period  2253.24

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**6545.28**

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brent Kimmel</p> <p>Mailing Address 304 2nd St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863053</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3765.40"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthew Kehres</p> <p>Mailing Address 2800 Quebec St., NW Apt. 1213</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863056</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2860.61"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Casey Redmon</p> <p>Mailing Address 623 4th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863060</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2050.34"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="8676.35"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

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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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ari Schoenholtz <hr/> Mailing Address 7125 Fairfax Road <hr/> City Bethesda State MD Zip Code 20814 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863066 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1479.82
<b>B.</b> Full Name (Last, First, Middle Initial) Travis Lowe <hr/> Mailing Address 70 I Street, S.E. <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863067 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 6127.33
<b>C.</b> Full Name (Last, First, Middle Initial) Kathleen Nee <hr/> Mailing Address 407 A Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-863069 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 4871.76

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

12478.91

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jessica Aune</p> <p>Mailing Address 138A North Carolina Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B-863095</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2522.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Brennan</p> <p>Mailing Address 809 6th St., NW Apt 35</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B-863097</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1931.76"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert Brennan</p> <p>Mailing Address 809 6th St., NW Apt 35</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B-863098</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="882.75"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5336.51"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Evan McMillan <hr/> Mailing Address 1536 32nd Street, NW <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863105 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1304.99
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Krista Haagenstad <hr/> Mailing Address 1001 South Carolina Ave., SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863123 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 2156.86
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Amie Kershner <hr/> Mailing Address 3114 E Baltimore <hr/> City Baltimore State MD Zip Code 21224 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863124 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5543.97
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9005.82

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gina Natale</p> <p>Mailing Address 27 3rd Street, NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863125</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1496.05"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863135</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="140512.69"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863151</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36449.53"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="178458.27"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Automatic Data Processing	Transaction ID: SB21B-863136 Date of Disbursement
	Mailing Address 11411 Red Run Blvd.	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="435.95"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Automatic Data Processing	Transaction ID: SB21B-863137 Date of Disbursement
	Mailing Address 11411 Red Run Blvd.	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1517.76"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Print Mail Communications	Transaction ID: SB21B-863152 Date of Disbursement
	Mailing Address 7201 Lockport Place	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Lorton State VA Zip Code 22079	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Postage/Delivery	<input type="text" value="2735.81"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4689.52"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 45380.31
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 512.01
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863155 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 154.38
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

46046.70

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) American List Counsel, Inc.	Transaction ID: SB21B-863156 Date of Disbursement 04 / 30 / 2009
	Mailing Address P.O. Box 32189	
	City Hartford State CT Zip Code 06150-2189	Amount of Each Disbursement this Period 420.06
	Purpose of Disbursement Generic Cmte. List Exchange	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) Care2.com, Inc.	Transaction ID: SB21B-863157 Date of Disbursement 04 / 30 / 2009
	Mailing Address 275 Shoreline Dr #150	
	City Redwood City State CA Zip Code 94065	Amount of Each Disbursement this Period 20750.00
	Purpose of Disbursement Generic Cmte. List Exchange	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) Data Direct, Inc.	Transaction ID: SB21B-863158 Date of Disbursement 04 / 30 / 2009
	Mailing Address 181 Potomac Street PO Box 855	
	City Harpers State WV Zip Code 25425	Amount of Each Disbursement this Period 2594.00
	Purpose of Disbursement Computer Services	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	23764.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Data Center, Inc.</p> <p>Mailing Address 11200 Waples Mill Road Suite 100</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863159</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 14000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Data Center, Inc.</p> <p>Mailing Address 11200 Waples Mill Road Suite 100</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863160</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 615.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Integrated Direct Marketing, LLC</p> <p>Mailing Address 1250 Connecticut Avenue, NW Suite 200</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Generic Cmte. Fundraising Svcs</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><b>Transaction ID:</b> SB21B-863161</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 42371.52</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>56986.52</b></p>
<p><b>TOTAL</b> 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)

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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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Merkle Response Services, Inc. <hr/> Mailing Address 100 Jamison Court <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Computer Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863162 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 15242.47 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Merkle Response Services, Inc. <hr/> Mailing Address 100 Jamison Court <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Generic Cmte. Postage/Delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 238.73 Category/Type 001

<b>C.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc. <hr/> Mailing Address 14120 Sullyfield Cir., Suite C <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863164 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 44720.77 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	60201.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) The Production Advantage Inc.  Mailing Address 14120 Sullyfield Cir., Suite C  City Chantilly State VA Zip Code 20151  Purpose of Disbursement Generic Cmte. Printing  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>Transaction ID:</b> SB21B-863165 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period  3038.70
<b>B.</b>	Full Name (Last, First, Middle Initial) The Production Advantage Inc.  Mailing Address 14120 Sullyfield Cir., Suite C  City Chantilly State VA Zip Code 20151  Purpose of Disbursement Generic Cmte. Printing  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>Transaction ID:</b> SB21B-863166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period  32458.87
<b>C.</b>	Full Name (Last, First, Middle Initial) The Production Advantage Inc.  Mailing Address 14120 Sullyfield Cir., Suite C  City Chantilly State VA Zip Code 20151  Purpose of Disbursement Generic Cmte. Printing  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>Transaction ID:</b> SB21B-863167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period  8920.08

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>44417.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc. <hr/> Mailing Address 14120 Sullyfield Cir., Suite C <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863168 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1588.56
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc. <hr/> Mailing Address 14120 Sullyfield Cir., Suite C <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 43108.05
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc. <hr/> Mailing Address 14120 Sullyfield Cir., Suite C <hr/> City Chantilly State VA Zip Code 20151 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B-863170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2389.60
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	47086.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-863171</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 880.09</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-863172</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 15046.28</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-863173</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

17426.37

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-863174</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 7345.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-863175</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Share Group, Inc.</p> <p>Mailing Address PO Box 55183</p> <p>City Boston State MA Zip Code 02205-5183</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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><b>Transaction ID:</b> SB21B-863176</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5062.77</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

13157.77

**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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Share Group, Inc.</p> <p>Mailing Address PO Box 55183</p> <p>City Boston State MA Zip Code 02205-5183</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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><b>Transaction ID:</b> SB21B-863177</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 638.93</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Share Group, Inc.</p> <p>Mailing Address PO Box 55183</p> <p>City Boston State MA Zip Code 02205-5183</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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><b>Transaction ID:</b> SB21B-863178</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 333.90</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Triplex A Donnelley Company</p> <p>Mailing Address PO Box 3603</p> <p>City Omaha State NE Zip Code 68103</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863179</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 3462.24</p> <p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4435.07

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Triplex A Donnelley Company</p> <p>Mailing Address PO Box 3603</p> <p>City Omaha State NE Zip Code 68103</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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><b>Transaction ID:</b> SB21B-863180 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 331.03</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Telefund, Inc.</p> <p>Mailing Address Attention: Nicole Lane P.O. Box 2366</p> <p>City Denver State CO Zip Code 80201-2366</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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><b>Transaction ID:</b> SB21B-863181 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2037.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Telefund, Inc.</p> <p>Mailing Address Attention: Nicole Lane P.O. Box 2366</p> <p>City Denver State CO Zip Code 80201-2366</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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><b>Transaction ID:</b> SB21B-863182 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 18240.85</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

20608.88

**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)

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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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Commonwealth Digital Office Solutions</p> <p>Mailing Address 21205 Ridgetop Circle</p> <p>City Sterling State VA Zip Code 20166-6501</p> <p>Purpose of Disbursement Copying</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><b>Transaction ID:</b> SB21B-863183</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 297.31</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Commonwealth Digital Office Solutions</p> <p>Mailing Address 21205 Ridgetop Circle</p> <p>City Sterling State VA Zip Code 20166-6501</p> <p>Purpose of Disbursement Copying</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><b>Transaction ID:</b> SB21B-863184</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 349.79</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Commonwealth Digital Office Solutions</p> <p>Mailing Address 21205 Ridgetop Circle</p> <p>City Sterling State VA Zip Code 20166-6501</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863185</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 11.30</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

658.40

**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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) David L. Andrukitis, Inc.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Printing</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><b>Transaction ID:</b> SB21B-863186 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 526.64</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) David L. Andrukitis, Inc.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-863187 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 88.83</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Max Ultimate Food, Inc.</p> <p>Mailing Address 101 Hampden Street</p> <p>City Boston State MA Zip Code 02119</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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><b>Transaction ID:</b> SB21B-863188 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 3139.19</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3754.66

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Red Sage/Spy City Catering <hr/> Mailing Address 1319 F Street, NW Suite 808 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Generic Cmte. Catering Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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>Transaction ID:</b> SB21B-863189 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 460.94
<b>B.</b>	Full Name (Last, First, Middle Initial) Red Sage/Spy City Catering <hr/> Mailing Address 1319 F Street, NW Suite 808 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Generic Cmte. Catering Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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>Transaction ID:</b> SB21B-863190 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 102.44
<b>C.</b>	Full Name (Last, First, Middle Initial) Red Sage/Spy City Catering <hr/> Mailing Address 1319 F Street, NW Suite 808 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Generic Cmte. Catering Candidate Name <span style="float: right;">Category/ Type</span> <hr/> 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>Transaction ID:</b> SB21B-863191 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 460.94

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1024.32
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
City of Manchester

Transaction ID: SB21B-863192  
Date of Disbursement

Mailing Address Office of the Mayor  
One City Hall Plaza

04 / 30 / 2009

City Manchester State NH Zip Code 03101

Amount of Each Disbursement this Period

Purpose of Disbursement  
Generic Cmte. Research Materials

749.50

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bank of America, NA

Transaction ID: SB21B-863195  
Date of Disbursement

Mailing Address 730 15th Street, NW

04 / 30 / 2009

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement  
Interest

23084.77

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Transaction ID: SB21B-863535  
Date of Disbursement

Mailing Address 430 S Capitol Street, SE

04 / 30 / 2009

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Offset for In-House Contributions

-620.01

Candidate Name  
Democratic Congressional Campaign Committee

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

23214.26

TOTAL This Period (last page this line number only) ▶

1682931.72

**SCHEDULE 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 475 / 551

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
New York State Democratic Cmte

Transaction ID: SB22-862568

Date of Disbursement

Mailing Address 461 Park Avenue South  
10th Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	9

City State Zip Code  
New York NY 10016

Amount of Each Disbursement this Period

4520.00
---------

Purpose of Disbursement  
Transfer

Category/ Type

Candidate Name  
New York State Democratic Cmte

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4520.00
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**TOTAL** This Period (last page this line number only) ..... ►

4520.00
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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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc. <hr/> Mailing Address 109 Clermont Avenue <hr/> City Alexandria State VA Zip Code 22304 <hr/> Purpose of Disbursement InKind Catering <hr/> Candidate Name Bobby Neal Bright, Sr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862622 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 175.34
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc. <hr/> Mailing Address 109 Clermont Avenue <hr/> City Alexandria State VA Zip Code 22304 <hr/> Purpose of Disbursement InKind Catering <hr/> Candidate Name R. Parker Griffith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862623 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 175.35
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc. <hr/> Mailing Address 109 Clermont Avenue <hr/> City Alexandria State VA Zip Code 22304 <hr/> Purpose of Disbursement InKind Catering <hr/> Candidate Name Ann Kirkpatrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862624 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 175.35
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>526.04</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862625 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Harry Mitchell	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862626 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Gabrielle Giffords	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862627 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Jerry McNerney	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="526.05"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Elizabeth Markey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862628</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862629</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Alan Mark Grayson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862630</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862631</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Leonard Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862632</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.34</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Walter Clifford Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862633</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.04

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862634 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Deborah Halvorson	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862635 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name William G. Foster	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862636 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Baron Hill	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**526.05**

**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)

PAGE 481 / 551

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Frank Kratovil</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862637</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Mark Hamilton Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862638</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862639</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 175.35</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Travis W. Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862640</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862641</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Carol Shea-Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862642</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 175.35</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862643 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.34"/>
	Candidate Name John Adler	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862644 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Martin Heinrich	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862645 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Harry Teague	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="526.04"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862646</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Michael E McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862647</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Mike Angelo Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862648</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.34</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.04

**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 485 / 551

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Daniel Benjamin Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862649</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862650</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Steven Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862651</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

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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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Mary Jo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862652</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name John A Boccieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862653</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.34</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862654</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.04

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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Kathleen A. Dahlkemper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862655</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Christopher Paul Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862656</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Ciro D. Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862657</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862658 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Glenn Carlyle Nye, III	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862659 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Thomas Stuart Price Perriello	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.	Transaction ID: SB23-862660 Date of Disbursement
	Mailing Address 109 Clermont Avenue	<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement InKind Catering	<input type="text" value="175.35"/>
	Candidate Name Gerry Connolly	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="526.05"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement InKind Catering</p> <p>Candidate Name Steve L Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862661</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 175.35</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Bobby Neal Bright, Sr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862944</p> <p>Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 21.58</p> <p>See Attached Memo Entry</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SCHNEIDER'S</p> <p>Mailing Address 300 Massachusetts Ave, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Bobby Neal Bright, Sr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862944-10000</p> <p>Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 21.58</p> <p><b>[MEMO ITEM]</b> Memo Entry</p> <p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

196.93

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name R. Parker Griffith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	Transaction ID: SB23-862945 Date of Disbursement 04 / 22 / 2009	Amount of Each Disbursement this Period 21.58 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name R. Parker Griffith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	Transaction ID: SB23-862945-10000 Date of Disbursement 03 / 25 / 2009	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01	Transaction ID: SB23-862946 Date of Disbursement 04 / 22 / 2009	Amount of Each Disbursement this Period 21.58 See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	43.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b> Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862946-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Bank of America</b> Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Harry Mitchell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862947 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 See Attached Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) <b>SCHNEIDER'S</b> Mailing Address 300 Massachusetts Ave, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Harry Mitchell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862947-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Fundraising Events/Meetings Candidate Name Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862948 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 21.58  See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS  Mailing Address 404 1st Street, SE  City WASHINGTON State DC Zip Code 20003  Purpose of Disbursement Fundraising Events/Meetings Candidate Name Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862948-10000 Date of Disbursement 03 / 25 / 2009  Amount of Each Disbursement this Period 21.58  [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Fundraising Events/Meetings Candidate Name Jerry McNerney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862949 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 21.58  See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	43.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) SCHNEIDER'S	Transaction ID: SB23-862949-10000 Date of Disbursement 03 / 26 / 2009
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Jerry McNerney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 11	[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862950 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Elizabeth Markey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 04	See Attached Memo Entry

C.	Full Name (Last, First, Middle Initial) SCHNEIDER'S	Transaction ID: SB23-862950-10000 Date of Disbursement 03 / 26 / 2009
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Elizabeth Markey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 04	[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ..... ▶

21.58

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862951 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Jim Himes	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS	Transaction ID: SB23-862951-10000 Date of Disbursement 03 / 25 / 2009
	Mailing Address 404 1st Street, SE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Jim Himes	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862952 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Alan Mark Grayson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	43.16
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b> <hr/> Mailing Address 404 1st Street, SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Alan Mark Grayson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862952-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58  <b>[MEMO ITEM]</b> Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Bank of America</b> <hr/> Mailing Address P.O. Box 53155 <hr/> City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Suzanne Kosmas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862953 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58  See Attached Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b> <hr/> Mailing Address 404 1st Street, SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Suzanne Kosmas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862953-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58  <b>[MEMO ITEM]</b> Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address P.O. Box 53155 <hr/> City Phoenix State AZ Zip Code 85072-3155 <hr/> Purpose of Disbursement Fundraising Events/Meetings Candidate Name Leonard Boswell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 03	Transaction ID: SB23-862954 Date of Disbursement 04 / 22 / 2009
	Amount of Each Disbursement this Period 21.58
	Category/ Type
	See Attached Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS <hr/> Mailing Address 404 1st Street, SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement Fundraising Events/Meetings Candidate Name Leonard Boswell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 03	Transaction ID: SB23-862954-10000 Date of Disbursement 03 / 25 / 2009
	Amount of Each Disbursement this Period 21.58
	Category/ Type
	[MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address P.O. Box 53155 <hr/> City Phoenix State AZ Zip Code 85072-3155 <hr/> Purpose of Disbursement Fundraising Events/Meetings Candidate Name Walter Clifford Minnick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01	Transaction ID: SB23-862955 Date of Disbursement 04 / 22 / 2009
	Amount of Each Disbursement this Period 21.58
	Category/ Type
	See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	43.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) <b>SCHNEIDER'S</b>	Transaction ID: SB23-862955-10000 Date of Disbursement MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Walter Clifford Minnick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ID District: 01	<b>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) <b>Bank of America</b>	Transaction ID: SB23-862956 Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Deborah Halvorson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 11	See Attached Memo Entry

C.	Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b>	Transaction ID: SB23-862956-10000 Date of Disbursement MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 404 1st Street, SE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Deborah Halvorson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 11	<b>[MEMO ITEM]</b> Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	21.58
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name William G. Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862957</p> <p>Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 21.58</p> <p>See Attached Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS</p> <p>Mailing Address 404 1st Street, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name William G. Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862957-10000</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 21.58</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862958</p> <p>Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 21.58</p> <p>See Attached Memo Entry</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

43.16

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b> Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862958-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Bank of America</b> Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Frank Kratovil Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862959 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 See Attached Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) <b>SCHNEIDER'S</b> Mailing Address 300 Massachusetts Ave, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Frank Kratovil Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862959-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Mark Hamilton Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 07</p>	<p><b>Transaction ID:</b> SB23-862960</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.58"/></p> <p>See Attached Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SCHNEIDER'S</p> <p>Mailing Address 300 Massachusetts Ave, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Mark Hamilton Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 07</p>	<p><b>Transaction ID:</b> SB23-862960-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.58"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 09</p>	<p><b>Transaction ID:</b> SB23-862961</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.58"/></p> <p>See Attached Memo Entry</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="43.16"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) <b>SCHNEIDER'S</b>	Transaction ID: SB23-862961-10000
	Mailing Address 300 Massachusetts Ave, NE	Date of Disbursement MM / DD / YYYY 03 / 26 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	[MEMO ITEM] Memo Entry
	Candidate Name Gary Peters	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MI District: 09	

B.	Full Name (Last, First, Middle Initial) <b>Bank of America</b>	Transaction ID: SB23-862962
	Mailing Address P.O. Box 53155	Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	City Phoenix State AZ Zip Code 85072-3155	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	See Attached Memo Entry
	Candidate Name Travis W. Childers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MS District: 01	

C.	Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b>	Transaction ID: SB23-862962-10000
	Mailing Address 404 1st Street, SE	Date of Disbursement MM / DD / YYYY 03 / 25 / 2009
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	[MEMO ITEM] Memo Entry
	Candidate Name Travis W. Childers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MS District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	21.58
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Larry Kissell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862963 Date of Disbursement 04 / 22 / 2009
	Amount of Each Disbursement this Period 21.58
	Category/ Type
	See Attached Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Larry Kissell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862963-10000 Date of Disbursement 03 / 25 / 2009
	Amount of Each Disbursement this Period 21.58
	Category/ Type
	[MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Carol Shea-Porter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862964 Date of Disbursement 04 / 22 / 2009
	Amount of Each Disbursement this Period 21.58
	Category/ Type
	See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	43.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Carol Shea-Porter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862964-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name John Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862965 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 See Attached Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name John Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862965-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Fundraising Events/Meetings Candidate Name Martin Heinrich Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862966 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 21.58  See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS  Mailing Address 404 1st Street, SE  City WASHINGTON State DC Zip Code 20003  Purpose of Disbursement Fundraising Events/Meetings Candidate Name Martin Heinrich Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862966-10000 Date of Disbursement 03 / 25 / 2009  Amount of Each Disbursement this Period 21.58  [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 53155  City Phoenix State AZ Zip Code 85072-3155  Purpose of Disbursement Fundraising Events/Meetings Candidate Name Harry Teague Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862967 Date of Disbursement 04 / 22 / 2009  Amount of Each Disbursement this Period 21.58  See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ..... ▶

43.16

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) SCHNEIDER'S	Transaction ID: SB23-862967-10000 Date of Disbursement 03 / 26 / 2009
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Harry Teague	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NM District: 02	[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862968 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Dina Titus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NV District: 03	See Attached Memo Entry

C.	Full Name (Last, First, Middle Initial) SCHNEIDER'S	Transaction ID: SB23-862968-10000 Date of Disbursement 03 / 26 / 2009
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Dina Titus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NV District: 03	[MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	21.58
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862969 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Michael E McMahon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) SCHNEIDER'S	Transaction ID: SB23-862969-10000 Date of Disbursement 03 / 26 / 2009
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Michael E McMahon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862970 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Mike Angelo Arcuri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ..... ▶

43.16

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b> Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Mike Angelo Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862970-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Bank of America</b> Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Daniel Benjamin Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862971 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 21.70 See Attached Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b> Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Daniel Benjamin Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862971-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 20.51 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) <b>SCHNEIDER'S</b>	Transaction ID: SB23-862971-20000 Date of Disbursement MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 1.19
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Daniel Benjamin Maffei	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) <b>Bank of America</b>	Transaction ID: SB23-862972 Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Eric Massa	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

C.	Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b>	Transaction ID: SB23-862972-10000 Date of Disbursement MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 404 1st Street, SE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Eric Massa	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	21.58
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address P.O. Box 53155 <hr/> City Phoenix State AZ Zip Code 85072-3155 <hr/> Purpose of Disbursement Fundraising Events/Meetings Candidate Name Steven Driehaus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862973 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58
	See Attached Memo Entry
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS <hr/> Mailing Address 404 1st Street, SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement Fundraising Events/Meetings Candidate Name Steven Driehaus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862973-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58
	[MEMO ITEM] Memo Entry
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address P.O. Box 53155 <hr/> City Phoenix State AZ Zip Code 85072-3155 <hr/> Purpose of Disbursement Fundraising Events/Meetings Candidate Name Mary Jo Kilroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862974 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58
	See Attached Memo Entry
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	43.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b>	<b>Transaction ID:</b> SB23-862974-10000
	Mailing Address 404 1st Street, SE	Date of Disbursement MM / DD / YYYY 03 / 25 / 2009
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	[MEMO ITEM] Memo Entry
	Candidate Name Mary Jo Kilroy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>Bank of America</b>	<b>Transaction ID:</b> SB23-862975
	Mailing Address P.O. Box 53155	Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	City Phoenix State AZ Zip Code 85072-3155	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	See Attached Memo Entry
	Candidate Name John A Boccieri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b>	<b>Transaction ID:</b> SB23-862975-10000
	Mailing Address 404 1st Street, SE	Date of Disbursement MM / DD / YYYY 03 / 25 / 2009
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	[MEMO ITEM] Memo Entry
	Candidate Name John A Boccieri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

21.58

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862976 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Kurt Schrader	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 05	See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) SCHNEIDER'S	Transaction ID: SB23-862976-10000 Date of Disbursement 03 / 26 / 2009
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Kurt Schrader	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 05	[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862977 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Kathleen A. Dahlkemper	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 03	See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	43.16
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b> Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Kathleen A. Dahlkemper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862977-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Bank of America</b> Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Christopher Paul Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862978 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 See Attached Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSIONAL LIQUORS</b> Mailing Address 404 1st Street, SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Fundraising Events/Meetings Candidate Name Christopher Paul Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-862978-10000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 21.58 [MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862979 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Ciro D. Rodriguez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) SCHNEIDER'S	Transaction ID: SB23-862979-10000 Date of Disbursement 03 / 26 / 2009
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 21.58
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Ciro D. Rodriguez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862980 Date of Disbursement 04 / 22 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 21.58
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Fundraising Events/Meetings	Category/Type
	Candidate Name Glenn Carlyle Nye, III	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	43.16
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) SCHNEIDER'S	Transaction ID: SB23-862980-10000
	Mailing Address 300 Massachusetts Ave, NE	Date of Disbursement MM / DD / YYYY 03 / 26 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	[MEMO ITEM] Memo Entry
	Candidate Name Glenn Carlyle Nye, III	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: VA District: 02	

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-862981
	Mailing Address P.O. Box 53155	Date of Disbursement MM / DD / YYYY 04 / 22 / 2009
	City Phoenix State AZ Zip Code 85072-3155	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	See Attached Memo Entry
	Candidate Name Thomas Stuart Price Perriello	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: VA District: 05	

C.	Full Name (Last, First, Middle Initial) SCHNEIDER'S	Transaction ID: SB23-862981-10000
	Mailing Address 300 Massachusetts Ave, NE	Date of Disbursement MM / DD / YYYY 03 / 26 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	[MEMO ITEM] Memo Entry
	Candidate Name Thomas Stuart Price Perriello	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: VA District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	21.58
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Gerry Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862982</p> <p>Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 21.58</p> <p>See Attached Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SCHNEIDER'S</p> <p>Mailing Address 300 Massachusetts Ave, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Gerry Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862982-10000</p> <p>Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 21.58</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Steve L Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-862983</p> <p>Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 21.58</p> <p>See Attached Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	43.16
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) CONGRESSIONAL LIQUORS	Transaction ID: SB23-862983-10000
	Mailing Address 404 1st Street, SE	Date of Disbursement MM / DD / YYYY 03 / 25 / 2009
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 21.58
	Purpose of Disbursement Fundraising Events/Meetings	[MEMO ITEM] Memo Entry
	Candidate Name Steve L Kagen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: WI District: 08	

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23-863490
	Mailing Address 430 S Capitol Street, SE	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 19.72
	Purpose of Disbursement In-House Fundraising Services	[MEMO ITEM] Memo Entry
	Candidate Name Ann Kirkpatrick	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: AZ District: 01	

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23-863491
	Mailing Address 430 S Capitol Street, SE	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 9.68
	Purpose of Disbursement In-House Fundraising Services	[MEMO ITEM] Memo Entry
	Candidate Name Harry Mitchell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: AZ District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	29.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863492</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 6.30</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Mike Honda</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863493</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 8.57</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Linda Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863494</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5.89</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

20.76

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Loretta Sanchez

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

Transaction ID: SB23-863495

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

7.43

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Elizabeth Markey

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Transaction ID: SB23-863496

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

14.08

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
John B Larson

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB23-863497

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

11.30

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

32.81

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Joseph D Courtney

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Transaction ID: SB23-863498

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

6.56

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Christopher S Murphy

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Transaction ID: SB23-863499

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

7.02

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Debbie Wasserman Schultz

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 20

Transaction ID: SB23-863500

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

13.75

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

27.33

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name John Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863501</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 9.74</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863502</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 10.01</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Melissa Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863503</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5.50</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

25.25

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name William G. Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863504</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 21.24</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Brad Ellsworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863505</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 6.74</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863506</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 9.71</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>37.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Charlie Melancon, Jr

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Transaction ID: SB23-863507  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Mark Hamilton Schauer

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Transaction ID: SB23-863508  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Gary Peters

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

Transaction ID: SB23-863509  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Travis W. Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863510</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 19.21</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Donald Payne</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863511</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 6.10</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Harry Teague</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863512</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 6.57</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>31.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23-863513 Date of Disbursement
	Mailing Address 430 S Capitol Street, SE	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement In-House Fundraising Services	<input type="text" value="5.14"/>
	Candidate Name Dina Titus	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23-863514 Date of Disbursement
	Mailing Address 430 S Capitol Street, SE	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement In-House Fundraising Services	<input type="text" value="13.69"/>
	Candidate Name Steve Israel	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23-863515 Date of Disbursement
	Mailing Address 430 S Capitol Street, SE	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement In-House Fundraising Services	<input type="text" value="8.44"/>
	Candidate Name Jerrold L. Nadler	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="27.27"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Michael E McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863516 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 6.22</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Carolyn Maloney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863517 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 6.85</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Charles Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863518 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 81.10</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

94.17

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Nita Lowey

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Transaction ID: SB23-863519

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

5.65

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Mike Angelo Arcuri

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Transaction ID: SB23-863520

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

7.12

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Daniel Benjamin Maffei

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Transaction ID: SB23-863521

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

19.44

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

32.21

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863522</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 18.72</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Mary Jo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863523</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 21.16</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name John A Bocchieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863524</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 6.17</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

46.05

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Zachary Space

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

Transaction ID: SB23-863525  
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

9.69

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Kurt Schrader

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Transaction ID: SB23-863526  
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

11.32

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Joseph A Sestak, Jr

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Transaction ID: SB23-863527  
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

17.48

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

38.49

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Christopher Paul Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863528</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 24.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Jim Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863529</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Ciro D. Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863530</p> <p>Date of Disbursement MM / DD / YYYY 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 6.28</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>36.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Solomon Ortiz

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 27

Transaction ID: SB23-863531  
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

8.08

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Henry Cuellar

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Transaction ID: SB23-863532  
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

23.55

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Rick Larsen

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WA District: 02

Transaction ID: SB23-863533  
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

8.74

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

40.37

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Steve L Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23-863534 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 23.75</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Scott Murphy for Congress</p> <p>Mailing Address 615 Glen Street</p> <p>City Glens Falls State NY Zip Code 12801</p> <p>Purpose of Disbursement</p> <p>Candidate Name Scott H Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special</p>	<p><b>Transaction ID:</b> D16311 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><b>[MEMO ITEM]</b> Earmarked by JOE-PAC Jobs- Opportunities &amp; Education PAC</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New York Victory Protection Fu</p> <p>Mailing Address 1341 G Street, NW Suite 740</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name New York Victory Protection Fu</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special</p>	<p><b>Transaction ID:</b> D16315 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><b>[MEMO ITEM]</b> Earmarked by New Democrat Coalition PAC</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	23.75
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) New York Victory Protection Fu</p> <p>Mailing Address 1341 G Street, NW Suite 740</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name New York Victory Protection Fu</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special</p>	<p><b>Transaction ID:</b> D16314 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p> <p><b>[MEMO ITEM]</b> Earmarked by Taking the Hill PAC</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) New York Victory Protection Fu</p> <p>Mailing Address 1341 G Street, NW Suite 740</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name New York Victory Protection Fu</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special</p>	<p><b>Transaction ID:</b> D16316 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p> <p><b>[MEMO ITEM]</b> Earmarked by American Federation of Teachers Committee on Political Education</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Murphy for Congress</p> <p>Mailing Address 615 Glen Street</p> <p>City Glens Falls State NY Zip Code 12801</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name Scott H Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special</p>	<p><b>Transaction ID:</b> D16317 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p> <p><b>[MEMO ITEM]</b> Earmarked by American Federation of Teachers Committee on Political Education</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="8497.28"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America, NA	Transaction ID: SB26-863196 Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 730 15th Street, NW	Amount of Each Disbursement this Period 66666.67
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Loan Repayment	Category/ Type
	Candidate Name Bank of America, NA	
	Office Sought: <input type="checkbox"/> House <input 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) Bank of America, NA	Transaction ID: SB26-863247 Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 730 15th Street, NW	Amount of Each Disbursement this Period 600000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Loan Repayment	Category/ Type
	Candidate Name Bank of America, NA	
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

66666.67

TOTAL This Period (last page this line number only) ..... ▶

66666.67

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) John Crawford  Mailing Address 2800 Clarendon Blvd. Apt. W613  City Arlington State VA Zip Code 22201  Purpose of Disbursement Contribution Refund 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: SB28A-862618 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period  25.00
B.	Full Name (Last, First, Middle Initial) Mary Keating  Mailing Address 9 Trillium Lane  City Hilton Head Island State SC Zip Code 29926  Purpose of Disbursement Contribution Refund 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: SB28A-862742 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period  55.00
C.	Full Name (Last, First, Middle Initial) Don Laclergue  Mailing Address 22 Henry Pl  City Millbrae State CA Zip Code 94030  Purpose of Disbursement Contribution Refund 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: SB28A-862743 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period  120.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 535 / 551

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Karen Martin</p> <p>Mailing Address 700 Arbor Lane</p> <p>City Kennett Square State PA Zip Code 19348</p> <p>Purpose of Disbursement Contribution Refund</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><b>Transaction ID:</b> SB28A-863011</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Category/Type: <input type="text" value="010"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Thomas Bennigson</p> <p>Mailing Address 4100 Redwood Rd. Ste. 10</p> <p>City Oakland State CA Zip Code 94619-2363</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863204</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Category/Type: <input type="text"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kirby Frank</p> <p>Mailing Address 715 Wildwood Place, N.E.</p> <p>City Atlanta State GA Zip Code 30324-4907</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863215</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>Category/Type: <input type="text"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="570.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Thomas Harvey</p> <p>Mailing Address 14 Vasco Dr.</p> <p>City Mill Valley State CA Zip Code 94941-1435</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863216</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mel Hayden</p> <p>Mailing Address 700 James St.</p> <p>City Longmont State CO Zip Code 80501-6443</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863217</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) David Isaacson</p> <p>Mailing Address 15 W. 81st St. 13A</p> <p>City New York State NY Zip Code 10024-6022</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863218</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

625.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Aaron Jensen</p> <p>Mailing Address PSC 82 BOX 135</p> <p>City APO State AE Zip Code 09710</p> <p>Purpose of Disbursement Contribution Refund</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A-864450</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Levinger</p> <p>Mailing Address 1708 Marshall Ave.</p> <p>City St. Paul State MN Zip Code 55104-6114</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863220</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Barry Lipman</p> <p>Mailing Address 3320 Jackson St.</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863221</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2100.00</p> <p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2180.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Joyce Long	Transaction ID: SB28A-863222
	Mailing Address 7 State Place	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City Huntington State NY Zip Code 11743-5630	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement Earmarked Contribution Refund	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 Milt	Transaction ID: SB28A-863223
	Mailing Address 403 12th St., S.E.	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City Washington State DC Zip Code 20003-2209	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Earmarked Contribution Refund	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 Mockovak	Transaction ID: SB28A-863224
	Mailing Address 15301 SE 80th St.	Date of Disbursement MM / DD / YYYY 04 / 30 / 2009
	City Newcastle State WA Zip Code 98059-9243	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement Earmarked Contribution Refund	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Mockovak <hr/> Mailing Address 15301 SE 80th St. <hr/> City Newcastle State WA Zip Code 98059-9243 <hr/> Purpose of Disbursement Earmarked Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28A-863225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 15.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) April Bowen <hr/> Mailing Address 327 Lake Street <hr/> City Fort Morgan State CO Zip Code 80701 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28A-864449 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) David Patronella <hr/> Mailing Address 5001 Happy Hollow Street <hr/> City Houston State TX Zip Code 77018-1230 <hr/> Purpose of Disbursement Earmarked Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB28A-863226 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 20.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	85.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) John Ratliff	Transaction ID: SB28A-863227 Date of Disbursement 04 / 30 / 2009
	Mailing Address 15305 Darrow Rd.	Amount of Each Disbursement this Period 10.00
	City Vermillion State OH Zip Code 44089-9608	
	Purpose of Disbursement Earmarked Contribution Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Brian Regan	Transaction ID: SB28A-863228 Date of Disbursement 04 / 30 / 2009
	Mailing Address 211 W. 56th St.	Amount of Each Disbursement this Period 50.00
	City New York State NY Zip Code 10019-4327	
	Purpose of Disbursement Earmarked Contribution Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) Tim Rogers	Transaction ID: SB28A-863229 Date of Disbursement 04 / 30 / 2009
	Mailing Address 720 N. Person St.	Amount of Each Disbursement this Period 25.00
	City Raleigh State NC Zip Code 27604-1287	
	Purpose of Disbursement Earmarked Contribution Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input 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) ..... ▶

85.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Jaimie Ross  Mailing Address 1104 Mor Bihan St.  City Tallahassee State FL Zip Code 32301-5725  Purpose of Disbursement Earmarked Contribution Refund 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: SB28A-863230 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9  Amount of Each Disbursement this Period 200.00
B.	Full Name (Last, First, Middle Initial) Carole Ryan  Mailing Address 717 Carlisle Way  City Sunnyvale State CA Zip Code 94087-3428  Purpose of Disbursement Earmarked Contribution Refund 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: SB28A-863231 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9  Amount of Each Disbursement this Period 20.00
C.	Full Name (Last, First, Middle Initial) Paul Sawi  Mailing Address 2934 Avalon Ave.  City Berkeley State CA Zip Code 94705-1402  Purpose of Disbursement Earmarked Contribution Refund 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: SB28A-863232 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9  Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	720.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 542 / 551

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
John Scharffenberger

Transaction ID: SB28A-863233  
Date of Disbursement

Mailing Address PO Box 550

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

City Philo State CA Zip Code 95466-0550

Amount of Each Disbursement this Period

250.00
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Purpose of Disbursement  
Earmarked Contribution Refund  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Carl Shapiro

Transaction ID: SB28A-863234  
Date of Disbursement

Mailing Address 19 Tolan Way

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

City Lafayette State CA Zip Code 94549-2723

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Earmarked Contribution Refund  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Harry Sherr

Transaction ID: SB28A-863235  
Date of Disbursement

Mailing Address 36 Old Farm Rd.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

City Wellesley State MA Zip Code 02481-1443

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Earmarked Contribution Refund  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1250.00
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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 543 / 551

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Nelson Burstein  Mailing Address 14 Cedar Hill Rd.  City Dover State MA Zip Code 02030-1624  Purpose of Disbursement Earmarked Contribution Refund 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>Transaction ID:</b> SB28A-863206 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period  50.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Silver  Mailing Address 1008 10th St. # 217  City Sacramento State CA Zip Code 95814-3502  Purpose of Disbursement Earmarked Contribution Refund 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>Transaction ID:</b> SB28A-863236 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period  500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Solomon  Mailing Address 1512 Eagle Ridge Rd., N.E.  City Albuquerque State NM Zip Code 87122-1155  Purpose of Disbursement Earmarked Contribution Refund 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>Transaction ID:</b> SB28A-863237 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period  50.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

600.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kenneth Stokem <hr/> Mailing Address 1001 Maple Hill Rd. <hr/> City Castleton State NY Zip Code 12033-9657 <hr/> Purpose of Disbursement Earmarked Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-863238 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 5.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Stuart <hr/> Mailing Address 13149 Clairepointe Way <hr/> City Oakland State CA Zip Code 94619-3505 <hr/> Purpose of Disbursement Earmarked Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-863239 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 10.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Urban <hr/> Mailing Address 5304 Roy Ballard St. <hr/> City Denver State NC Zip Code 28037-8720 <hr/> Purpose of Disbursement Earmarked Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-863240 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 25.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	40.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hal Varian</p> <p>Mailing Address 1198 Estates Dr.</p> <p>City Lafayette State CA Zip Code 94549-2749</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863241</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ronald Yoshiyama</p> <p>Mailing Address 3410 Cutter Place</p> <p>City Davis State CA Zip Code 95616</p> <p>Purpose of Disbursement Contribution Refund</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB28A-864451</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Carlton</p> <p>Mailing Address 10408 Alabama Circle</p> <p>City Bloomington State MN Zip Code 55438-1835</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863207</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

220.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kelly Chapman</p> <p>Mailing Address 27600 Pacific Coast Hwy.</p> <p>City Malibu State CA Zip Code 90265-4340</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863208</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kelly Chapman</p> <p>Mailing Address 27600 Pacific Coast Hwy.</p> <p>City Malibu State CA Zip Code 90265-4340</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863209</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kelly Chapman</p> <p>Mailing Address 27600 Pacific Coast Hwy.</p> <p>City Malibu State CA Zip Code 90265-4340</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863210</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

750.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Gabriel Chin	Transaction ID: SB28A-863211 Date of Disbursement 04 / 30 / 2009
	Mailing Address 7573 E. Placita de la Vina	Amount of Each Disbursement this Period 5.00
	City Tucson State AZ Zip Code 85750-7250	
	Purpose of Disbursement Earmarked Contribution Refund	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) Charilyn Cowan	Transaction ID: SB28A-863212 Date of Disbursement 04 / 30 / 2009
	Mailing Address 6440 Tucker Ave.	Amount of Each Disbursement this Period 20.00
	City McLean State VA Zip Code 22101-5265	
	Purpose of Disbursement Earmarked Contribution Refund	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) Brian Drygas	Transaction ID: SB28A-863213 Date of Disbursement 04 / 30 / 2009
	Mailing Address 7033 Queenswood Ct.	Amount of Each Disbursement this Period 10.00
	City San Jose State CA Zip Code 95120-3336	
	Purpose of Disbursement Earmarked Contribution Refund	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	35.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 548 / 551

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
David Duncan

Mailing Address 10553 W. Heceta Head Dr.

City State Zip Code  
Boise ID 83714-3658

Purpose of Disbursement  
Earmarked Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A-863214

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Democratic Congressional Campaign Committee	
If YES, name the designating committee: Democratic National Committee & New York State Democratic Cmte		
Mailing Address 430 South Capitol Street, SE 2nd Floor		
City Washington		State ZIP Code DC 20003

Full Name (Last, First, Middle Initial) of Each Payee Daniel Gray			Purpose of Expenditure Strategic/Political Services		Category/Type
Mailing Address 5774 Colonial Blvd			Date MM / DD / YYYY 04 / 08 / 2009		
City	State	ZIP Code			
Willoughby	OH	44094	Amount 3000.00		
Name of Federal Candidate Supported	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: NY	District: 20	
H. Scott Murphy	Aggregate General Election Expenditure for this Candidate ▶ 79216.20				
Transaction ID: SF-862619					

Full Name (Last, First, Middle Initial) of Each Payee Verizon Business			Purpose of Expenditure Phone Banking		Category/Type
Mailing Address 500 Technology Drive			Date MM / DD / YYYY 04 / 08 / 2009		
City	State	ZIP Code			
Weldon Springs	MO	63304	Amount 128.92		
Name of Federal Candidate Supported	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: NY	District: 20	
H. Scott Murphy	Aggregate General Election Expenditure for this Candidate ▶ 79216.20				
Transaction ID: SF-862620					

Full Name (Last, First, Middle Initial) of Each Payee Gina Natale			Purpose of Expenditure Travel		Category/Type
Mailing Address 27 3rd Street, NW			Date MM / DD / YYYY 04 / 08 / 2009		
City	State	ZIP Code			
Washington	DC	20002	Amount 107.00		
Name of Federal Candidate Supported	Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: NY	District: 20	
H. Scott Murphy	Aggregate General Election Expenditure for this Candidate ▶ 79216.20				
Transaction ID: SF-862621					

SUBTOTAL of Expenditures This Page (optional) .....	3235.92
TOTAL This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Democratic Congressional Campaign Committee
If YES, name the designating committee: Democratic National Committee & New York State Democratic Cmte	Mailing Address 430 South Capitol Street, SE 2nd Floor City: Washington State: DC ZIP Code: 20003

  

Full Name (Last, First, Middle Initial) of Each Payee Daniel Gray	Purpose of Expenditure Travel
Mailing Address 5774 Colonial Blvd	002 Category/Type
City: Willoughby State: OH ZIP Code: 44094	Date: 04 / 17 / 2009
Name of Federal Candidate Supported: H. Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NY District: 20	Amount: 414.51
Aggregate General Election Expenditure for this Candidate ▶ 79216.20	Transaction ID: SF-862780

  

Full Name (Last, First, Middle Initial) of Each Payee Bank of America	Purpose of Expenditure Travel
Mailing Address P.O. Box 53155	002 Category/Type
City: Phoenix State: AZ ZIP Code: 85072-3155	See Attached Memo Entry
Name of Federal Candidate Supported: H. Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NY District: 20	Date: 04 / 22 / 2009
Aggregate General Election Expenditure for this Candidate ▶ 79216.20	Amount: 122.00
	Transaction ID: SF-862935

  

Full Name (Last, First, Middle Initial) of Each Payee AMTRAK	Purpose of Expenditure Travel
Mailing Address 1 Raymond Plz W	002 Category/Type
City: Newark State: NJ ZIP Code: 07102	Memo Entry
Name of Federal Candidate Supported: H. Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NY District: 20	Date: 03 / 16 / 2009
Aggregate General Election Expenditure for this Candidate ▶ 0.00	Amount: 122.00
	Transaction ID: SF-862935-10000

  

SUBTOTAL of Expenditures This Page (optional) .....	536.51
TOTAL This Period (last page this line number only) .....	

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  If YES, name the designating committee:  Democratic National Committee & New York State Democratic Cmte	Full Name of Subordinate Committee Democratic Congressional Campaign Committee	
	Mailing Address 430 South Capitol Street, SE 2nd Floor	
	City Washington	State ZIP Code DC 20003

Full Name (Last, First, Middle Initial) of Each Payee Brennan Bilberry		Purpose of Expenditure Travel	002 <small>Category/Type</small>
Mailing Address 722 5th St NE		Date M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9	
City	State	ZIP Code	Amount <div style="border: 1px solid black; text-align: center; padding: 2px;">102.32</div>
Washington	DC	20002	
Name of Federal Candidate Supported H. Scott Murphy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: NY District: 20	Transaction ID: SF-863001
Aggregate General Election Expenditure for this Candidate ▶		79216.20	

Full Name (Last, First, Middle Initial) of Each Payee Todd Schulte		Purpose of Expenditure Telephones	001 <small>Category/Type</small>
Mailing Address 631 D Street, NW Apt. 230		Date M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 9	
City	State	ZIP Code	Amount <div style="border: 1px solid black; text-align: center; padding: 2px;">104.46</div>
Washington	DC	20004	
Name of Federal Candidate Supported H. Scott Murphy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: NY District: 20	Transaction ID: SF-863006
Aggregate General Election Expenditure for this Candidate ▶		79216.20	

SUBTOTAL of Expenditures This Page (optional) .....	206.78
TOTAL This Period (last page this line number only) .....	3979.21