

24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

10/28/2008 16:01

430 South Capitol Street, SE

2nd Floor

Washington

DC

20003

FEC ID No. C00000935

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 4

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

FEC IDENTIFICATION NUMBER

C C00000935

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Field Strategies Inc.

Date

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

Amount

685.00

Mailing Address

2120 L Street, NW

Suite 305

City

Washington

State

DC

Zip Code

20037

Purpose of Expenditure

Field Organizing

Category/
Type

007

Office Sought: ☒ House

State: CT

☐ Senate

District: 04

☐ PresidentialCheck One: ☒ Support ☐ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-856463

Date of Dissemination 10/27/08

Calendar Year-To-Date Per Election

1091079.50

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Field Strategies Inc.

Date

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

Amount

685.00

Mailing Address

2120 L Street, NW

Suite 305

City

Washington

State

DC

Zip Code

20037

Purpose of Expenditure

Field Organizing

Category/
Type

007

Office Sought: ☒ House

State: CT

☐ Senate

District: 04

☐ PresidentialCheck One: ☐ Support ☒ OpposeDisbursement For: ☐ Primary ☒ General 2008☐ Other (specify) : _____

Transaction ID: SE-856464

Date of Dissemination 10/27/08

Calendar Year-To-Date Per Election

1091079.50

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

1370.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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

Brian L. Wolff

Signature

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

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ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 2 / 4
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER C C00000935	
Check if ☒ 24-hour notice ☐ 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 3377.65	
City Alexandria	State VA	Zip Code 22311	
Purpose of Expenditure Mail Services	Category/ Type	006	
Name of Federal Candidate supported or Opposed by expenditure: Jim Himes		Office Sought: ☒ House State: CT ☐ Senate District: 04 ☐ Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: ☒ Support ☐ Oppose	
1091079.50		Disbursement For: ☐ Primary ☒ General 2008 ☐ Other (specify) : _____	
		Transaction ID: SE-856335 Date of Dissemination 10/27/08	
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 3377.65	
City Alexandria	State VA	Zip Code 22311	
Purpose of Expenditure Mail Services	Category/ Type	006	
Name of Federal Candidate supported or Opposed by expenditure: Christopher Shays		Office Sought: ☒ House State: CT ☐ Senate District: 04 ☐ Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: ☐ Support ☒ Oppose	
1091079.50		Disbursement For: ☐ Primary ☒ General 2008 ☐ Other (specify) : _____	
		Transaction ID: SE-856336 Date of Dissemination 10/27/08	

(a) SUBTOTAL of Itemized Independent Expenditures	6755.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Brian L. Wolff Signature	M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8

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ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 3 / 4
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NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER C C00000935	
Check if ☒ 24-hour notice ☐ 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 11313.40	
City Alexandria	State VA	Zip Code 22311	Office Sought: ☒ House State: CT ☐ Senate District: 04 ☐ Presidential
Purpose of Expenditure Mail Services	Category/ Type	006	Check One: ☒ Support ☐ Oppose
Name of Federal Candidate supported or Opposed by expenditure: Jim Himes		Disbursement For: ☐ Primary ☒ General 2008 ☐ Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE-856331 Date of Dissemination 10/27/08	
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 11313.40	
City Alexandria	State VA	Zip Code 22311	Office Sought: ☒ House State: CT ☐ Senate District: 04 ☐ Presidential
Purpose of Expenditure Mail Services	Category/ Type	006	Check One: ☐ Support ☒ Oppose
Name of Federal Candidate supported or Opposed by expenditure: Christopher Shays		Disbursement For: ☐ Primary ☒ General 2008 ☐ Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE-856332 Date of Dissemination 10/27/08	

(a) SUBTOTAL of Itemized Independent Expenditures	22626.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Brian L. Wolff Signature	M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8

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NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER C C00000935	
Check if ☒ 24-hour notice ☐ 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 5942.50	
City Alexandria	State VA	Zip Code 22311	
Purpose of Expenditure Mail Services	Category/ Type	006	
Name of Federal Candidate supported or Opposed by expenditure: Jim Himes		Office Sought: ☒ House State: CT ☐ Senate District: 04 ☐ Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: ☒ Support ☐ Oppose	
1091079.50		Disbursement For: ☐ Primary ☒ General 2008 ☐ Other (specify) : _____	
		Transaction ID: SE-856333 Date of Dissemination 10/27/08	
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 5942.50	
City Alexandria	State VA	Zip Code 22311	
Purpose of Expenditure Mail Services	Category/ Type	006	
Name of Federal Candidate supported or Opposed by expenditure: Christopher Shays		Office Sought: ☒ House State: CT ☐ Senate District: 04 ☐ Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: ☐ Support ☒ Oppose	
1091079.50		Disbursement For: ☐ Primary ☒ General 2008 ☐ Other (specify) : _____	
		Transaction ID: SE-856334 Date of Dissemination 10/27/08	

(a) SUBTOTAL of Itemized Independent Expenditures	11885.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	42637.10
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Brian L. Wolff Signature	M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8