

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 430 SOUTH CAPITOL STREET SE WASHINGTON DC 20003

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Convention, Special (d) 30-Day Report for the: Post-Election General, Runoff, Special

5. Covering Period 09 01 2009 through 09 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 ANDREW TOBIAS

Signature of Treasurer Electronically Filed by ANDREW TOBIAS Date 12 30 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 table with 8 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

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

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

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		0.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	220871.93									
(c) Total Receipts (from Line 19) .....	126314.63	510507.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	347186.56	510507.80								
7. Total Disbursements (from Line 31) .....	79428.69	242749.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	267757.87	267757.87								
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) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

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) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	126314.63	510507.80
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	126314.63	510507.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	126314.63	510507.80

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	72733.69	236054.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	72733.69	236054.93
22. Transfers to Affiliated/Other Party Committees.....	6695.00	6695.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	79428.69	242749.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79428.69	242749.93

**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 .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	72733.69	236054.93
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	126314.63	510507.80
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-53580.94	-274452.87

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

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

FOR LINE NUMBER: PAGE 6 / 29  
(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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

**A.** Full Name (Last, First, Middle Initial)  
BOXER'S VICTORY FUND  
Mailing Address 120 MARYLAND AVENUE, NE  
City WASHINGTON State DC Zip Code 20002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 56000.00  
Date of Receipt 09 / 09 / 2009  
Transaction ID: SA15-271  
Amount of Each Receipt this Period 56000.00

**B.** Full Name (Last, First, Middle Initial)  
Bill Owens for Congress  
Mailing Address 42 Blue Heron Way  
City Plattsburgh State NY Zip Code 12901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 6000.00  
Date of Receipt 09 / 09 / 2009  
Transaction ID: SA15-270  
Amount of Each Receipt this Period 6000.00

**C.** Full Name (Last, First, Middle Initial)  
DNC SERVICES CORP.  
Mailing Address 430 SOUTH CAPITOL ST SE  
City WASHINGTON State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205968.35  
Date of Receipt 09 / 09 / 2009  
Transaction ID: SA15-273  
Amount of Each Receipt this Period 11000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 73000.00  
**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 7 / 29  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DNC SERVICES CORP.

Mailing Address 430 SOUTH CAPITOL ST SE

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205968.35

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

Transaction ID: SA15-272

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
DNC SERVICES CORP.

Mailing Address 430 SOUTH CAPITOL ST SE

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205968.35

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

Transaction ID: SA15-268

Amount of Each Receipt this Period  
1600.00

Travel - Expense

**C.**

Full Name (Last, First, Middle Initial)  
PENNSYLVANIA SENATE VICTORY

Mailing Address 120 MARYLAND AVENUE

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 ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2009

Transaction ID: SA15-274

Amount of Each Receipt this Period  
24299.63

**SUBTOTAL** of Receipts This Page (optional) ..... ► **26899.63**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
GIFFORDS FOR CONGRESS

Mailing Address P.O. BOX 12886

City State Zip Code  
TUCSON AZ 85732-2886

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 17 / 2009

Transaction ID: SA15-269

Amount of Each Receipt this Period

6215.00

**B.**

Full Name (Last, First, Middle Initial)  
VIRGINIA FRESHMEN VICTORY FUND

Mailing Address 1341 G STREET, NW  
SUITE 740

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 ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2009

Transaction ID: SA15-275

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)  
COMMITTEE FOR A BETTER BUCKS

Mailing Address 10 EAST COURT STREET

City State Zip Code  
DOYLESTOWN PA 18901

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 29 / 2009

Transaction ID: SA15-277

Amount of Each Receipt this Period

2200.00

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

10915.00

**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 9 / 29  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BUCKS COUNTY DEMOCRATIC COMMIT		Date of Receipt
	Mailing Address 10 EAST COURT STREET		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	DOYLESTOWN	PA	18901
	FEC ID number of contributing federal political committee.		Transaction ID: SA15-276
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15500.00"/>
		<input type="text" value="0.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="15500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="126314.63"/>

**SCHEDULE 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 10 / 29

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

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

A.	Full Name (Last, First, Middle Initial) RORY KENNY	Transaction ID: SB21B-165 Date of Disbursement 09 / 01 / 2009
	Mailing Address 1216 33RD STREET, NW	
	City WASHINGTON State DC Zip Code 20007	Amount of Each Disbursement this Period 327.36
	Purpose of Disbursement Travel Mileage 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) HALEY SMITH	Transaction ID: SB21B-166 Date of Disbursement 09 / 01 / 2009
	Mailing Address 1725 NEW HAMPSHIRE AVENUE, NW #704	
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period 417.11
	Purpose of Disbursement Travel Mileage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL DONILON	Transaction ID: SB21B-167 Date of Disbursement 09 / 01 / 2009
	Mailing Address 1120 ALEXANDRIA AVENUE	
	City ALEXANDRIA State VA Zip Code 22308	Amount of Each Disbursement this Period 162.74
	Purpose of Disbursement Travel Mileage 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) ..... ▶

907.21

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)

PAGE 11 / 29

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ELI FLEET</p> <p>Mailing Address 501 12TH STREET, NW APT. 36</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-169</p> <p>Date of Disbursement 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 398.67</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DURWIN LAIRY</p> <p>Mailing Address 1006 EAST 11TH STREET</p> <p>City NORTH LITTLE ROCK State AR Zip Code 72114</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-170</p> <p>Date of Disbursement 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 269.50</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER ROG</p> <p>Mailing Address 3108 LOGAN BLVD</p> <p>City CHICAGO State IL Zip Code 60647</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-171</p> <p>Date of Disbursement 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 318.50</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	986.67
<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) ELIZABETH ALEXANDER <hr/> Mailing Address 1830 17TH ST NW APT. T-1 <hr/> City WASHINGTON State DC Zip Code 20009 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb 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-172 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 277.00
B.	Full Name (Last, First, Middle Initial) COURTYARD BY MARRIOTT ERIE <hr/> Mailing Address 7792 PEACH STREET <hr/> City ERIE State PA Zip Code 16509 <hr/> Purpose of Disbursement Lodging & 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) ▼	Transaction ID: SB21B-173 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 177.80
C.	Full Name (Last, First, Middle Initial) DURWIN LAIRY <hr/> Mailing Address 1006 EAST 11TH STREET <hr/> City NORTH LITTLE ROCK State AR Zip Code 72114 <hr/> Purpose of Disbursement Travel & Subsistence Expense Reimb 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-174 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 254.40

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	709.20
<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 13 / 29

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

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

A.	Full Name (Last, First, Middle Initial) <b>BUDGET RENT A CAR</b>	<b>Transaction ID:</b> SB21B-175
	Mailing Address 14297 COLLECTIONS CENTER DRIVE	Date of Disbursement 09 / 10 / 2009
	City CHICAGO State IL Zip Code 60693	Amount of Each Disbursement this Period 2.52
	Purpose of Disbursement Car Rental	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) <b>ENTERPRISE</b>	<b>Transaction ID:</b> SB21B-176
	Mailing Address P.O. BOX 840181	Date of Disbursement 09 / 10 / 2009
	City KANSAS CITY State MO Zip Code 64184-0181	Amount of Each Disbursement this Period 1108.72
	Purpose of Disbursement Car Rental	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) <b>HERTZ</b>	<b>Transaction ID:</b> SB21B-177
	Mailing Address COMMERCIAL BILLING DEPT 1124 PO BOX 121124	Date of Disbursement 09 / 10 / 2009
	City DALLAS State TX Zip Code 75312-1124	Amount of Each Disbursement this Period 206.06
	Purpose of Disbursement Car Rental	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) .....	<b>1317.30</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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA,NA	Transaction ID: SB21B-267 Date of Disbursement
	Mailing Address REGIONAL CENTER, VA2-125-04-01 P.O. BOX 27025	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City RICHMOND State VA Zip Code 23261-7025	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges	<input type="text" value="54.03"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-178 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Flight Services	<input type="text" value="92.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-179 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Services	<input type="text" value="14774.86"/>
	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) .....	<input type="text" value="14921.39"/>
<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-180 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement Helo Services	<input type="text" value="4307.44"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-181 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Services	<input type="text" value="9096.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-182 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement Helo Services	<input type="text" value="462.92"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13866.46"/>
<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Full Name (Last, First, Middle Initial)

WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address EEOB ROOM #25

City WASHINGTON State DC Zip Code 20502

Purpose of Disbursement  
In-Flight Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-183

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

43.44

**B. CAESAR'S PALACE**

Full Name (Last, First, Middle Initial)

CAESAR'S PALACE

Mailing Address 3570 LAS VEGAS BLVD.

City SOUTH LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-184

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

6898.12

**C. FLAMINGO LAS VEGAS HOTEL**

Full Name (Last, First, Middle Initial)

FLAMINGO LAS VEGAS HOTEL

Mailing Address 3555 LAS VEGAS BLVD.

City SOUTH LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-185

Date of Disbursement

09 / 17 / 2009

Amount of Each Disbursement this Period

325.80

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

7267.36

**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 17 / 29

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

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

A.

Full Name (Last, First, Middle Initial)  
RADISSON HOTEL

Transaction ID: SB21B-186  
Date of Disbursement

Mailing Address 100 WEST MICHIGAN AVENUE

09 / 17 / 2009

City KALAMAZOO State MI Zip Code 49007

Amount of Each Disbursement this Period

511.29

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
WHITE HOUSE AIRLIFT OPERATIONS

Transaction ID: SB21B-198  
Date of Disbursement

Mailing Address EEOB ROOM #25

09 / 22 / 2009

City WASHINGTON State DC Zip Code 20502

Amount of Each Disbursement this Period

8.36

Purpose of Disbursement  
In-Flight Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
WHITE HOUSE AIRLIFT OPERATIONS

Transaction ID: SB21B-199  
Date of Disbursement

Mailing Address EEOB ROOM #25

09 / 22 / 2009

City WASHINGTON State DC Zip Code 20502

Amount of Each Disbursement this Period

395.33

Purpose of Disbursement  
Airfare Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

914.98

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)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-200 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Flight Services	<input type="text" value="1.79"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-201 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Services	<input type="text" value="240.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-202 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement Helo Services	<input type="text" value="26.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 29

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address EEOB ROOM #25</p> <p>City WASHINGTON State DC Zip Code 20502</p> <p>Purpose of Disbursement Helo 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-203</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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="51.60"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address EEOB ROOM #25</p> <p>City WASHINGTON State DC Zip Code 20502</p> <p>Purpose of Disbursement Airfare 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-204</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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="785.40"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address EEOB ROOM #25</p> <p>City WASHINGTON State DC Zip Code 20502</p> <p>Purpose of Disbursement In-Flight 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-205</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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="8.13"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="845.13"/>
<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p><b>A.</b> Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address EEOB ROOM #25</p> <p>City WASHINGTON State DC Zip Code 20502</p> <p>Purpose of Disbursement Airfare 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-206</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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="232.84"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address EEOB ROOM #25</p> <p>City WASHINGTON State DC Zip Code 20502</p> <p>Purpose of Disbursement Helo 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-207</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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="49.87"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address EEOB ROOM #25</p> <p>City WASHINGTON State DC Zip Code 20502</p> <p>Purpose of Disbursement Airfare 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-208</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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="3712.57"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3995.28"/>
<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) <b>WHITE HOUSE AIRLIFT OPERATIONS</b></p> <p>Mailing Address <b>EEOB ROOM #25</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20502</b></p> <p>Purpose of Disbursement In-Flight 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-209 <b>Date of Disbursement</b> 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 40.80</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) <b>WHITE HOUSE AIRLIFT OPERATIONS</b></p> <p>Mailing Address <b>EEOB ROOM #25</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20502</b></p> <p>Purpose of Disbursement Helo 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-210 <b>Date of Disbursement</b> 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 457.59</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) <b>WHITE HOUSE AIRLIFT OPERATIONS</b></p> <p>Mailing Address <b>EEOB ROOM #25</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20502</b></p> <p>Purpose of Disbursement In-Flight 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-211 <b>Date of Disbursement</b> 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 16.60</p>

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

**514.99**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-212 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Services	<input type="text" value="4239.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-213 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Flight Services	<input type="text" value="37.61"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-214 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement Helo Services	<input type="text" value="249.70"/>
	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) .....

**4526.51**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address EEOB ROOM #25</p> <p>City WASHINGTON State DC Zip Code 20502</p> <p>Purpose of Disbursement Airfare 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-215</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 3499.90</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address EEOB ROOM #25</p> <p>City WASHINGTON State DC Zip Code 20502</p> <p>Purpose of Disbursement Airfare 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-216</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 13326.22</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS</p> <p>Mailing Address EEOB ROOM #25</p> <p>City WASHINGTON State DC Zip Code 20502</p> <p>Purpose of Disbursement In-Flight 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-217</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 50.09</p>

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

16876.21

**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)

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

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

A.	Full Name (Last, First, Middle Initial) GLEN RYNIEWSKI	Transaction ID: SB21B-218 Date of Disbursement 09 / 22 / 2009
	Mailing Address 6104 WEST HENDERSON	Amount of Each Disbursement this Period 288.00
	City CHICAGO State IL Zip Code 60634	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-219 Date of Disbursement 09 / 29 / 2009
	Mailing Address 14 Q STREET, NE UNIT B	Amount of Each Disbursement this Period 568.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) ENTERPRISE RENT A CAR	Transaction ID: SB21B-220 Date of Disbursement 09 / 29 / 2009
	Mailing Address PO BOX 795153	Amount of Each Disbursement this Period 387.61
	City ST. LOUIS State MO Zip Code 63179-0795	
	Purpose of Disbursement Car Rental	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1243.61
<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<b>A.</b> Full Name (Last, First, Middle Initial) WILL JENNINGS Mailing Address 2319 40th Street, NW Apt. 3 City Washington State DC Zip Code 20007 Purpose of Disbursement Travel & Subsistence Expense Reimb 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-221 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 448.00

<b>B.</b> Full Name (Last, First, Middle Initial) LAUREN MCDERMOTT Mailing Address 1742 1/2 CHEW STREET City ALLENTOWN State PA Zip Code 18104 Purpose of Disbursement Travel & Subsistence Expense Reimb 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-222 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 470.88

<b>C.</b> Full Name (Last, First, Middle Initial) CJ ROG Mailing Address 3108 LOGAN BLVD. City CHICAGO State IL Zip Code 60647 Purpose of Disbursement Travel & Subsistence Expense Reimb 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-223 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 495.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1413.88
<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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) PAUL STOVALL</p> <p>Mailing Address 257A BROOKLYN AVENUE</p> <p>City BROOKLYN State NY Zip Code 11213</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-224 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 513.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DOUGLAS SMITH</p> <p>Mailing Address 1543 UPSHUR STREET, NW</p> <p>City WASHINGTON State DC Zip Code 20011</p> <p>Purpose of Disbursement Travel &amp; Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-225 <b>Date of Disbursement</b> 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 585.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) THOMAS HENDERSON</p> <p>Mailing Address 1840 BALTIMORE STREET NW, #32</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Mileage</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-226 <b>Date of Disbursement</b> 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 78.40</p>

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

1176.40

**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)

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

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

A.	Full Name (Last, First, Middle Initial) HANNAH EDWARDS	Transaction ID: SB21B-230 Date of Disbursement 09 / 30 / 2009
	Mailing Address 307 MCCAULEY STREET	
	City CHAPEL HILL State NC Zip Code 27516	Amount of Each Disbursement this Period 151.22
	Purpose of Disbursement Travel Mileage 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) JENNIFER POLENZANI	Transaction ID: SB21B-227 Date of Disbursement 09 / 30 / 2009
	Mailing Address 7918 ELECTRA DRIVE	
	City LOS ANGELES State CA Zip Code 90046	Amount of Each Disbursement this Period 110.93
	Purpose of Disbursement Travel Mileage 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) HARVEY GREENE	Transaction ID: SB21B-231 Date of Disbursement 09 / 30 / 2009
	Mailing Address 7589 NE 117TH LANE	
	City PARKLAND State FL Zip Code 33076	Amount of Each Disbursement this Period 84.70
	Purpose of Disbursement Travel Mileage 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) .....	▶	346.85
<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<b>A.</b> Full Name (Last, First, Middle Initial) ALEX SANCHEZ	Transaction ID: SB21B-228 Date of Disbursement 09 / 30 / 2009
	Mailing Address 1101 NEWHAMPSHIRE AVE NW, APT #708
City WASHINGTON State DC Zip Code 20037	Amount of Each Disbursement this Period 123.20
Purpose of Disbursement Travel Mileage 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) SETH WAINER	Transaction ID: SB21B-229 Date of Disbursement 09 / 30 / 2009
	Mailing Address 941 T STREET NW, BASEMENT FOLL
City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 512.00
Purpose of Disbursement Travel Mileage 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) ..... ►

635.20

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

72733.69

**SCHEDULE 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 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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.

Full Name (Last, First, Middle Initial)  
DNC SERVICES GENERAL FUND

Transaction ID: SB22-164  
Date of Disbursement

Mailing Address 430 SOUTH CAPITOL ST., S.E.

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

City State Zip Code  
WASHINGTON DC 20003

Amount of Each Disbursement this Period

6695.00
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Purpose of Disbursement  
Refund of Offset

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Candidate Name  
DNC SERVICES GENERAL FUND

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

6695.00
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TOTAL This Period (last page this line number only) ..... ►

6695.00
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