

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

ADDRESS (number and street) 430 SOUTH CAPITOL STREET SE

Check if different than previously reported. (ACC)

WASHINGTON DC 20003

2. **FEC IDENTIFICATION NUMBER** C00460147

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input checked="" type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 10 01 2009 through 10 31 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										<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

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" style="display: inline-table; border-collapse: collapse;"><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 .....	267757.87									
(c) Total Receipts (from Line 19) .....	461936.41	972444.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	729694.28	972444.21								
7. Total Disbursements (from Line 31) .....	187834.28	430584.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	541860.00	541860.00								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

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) .....	461936.41	972444.21
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)) .....	461936.41	972444.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	461936.41	972444.21

**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.....	187834.28	423889.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	187834.28	423889.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	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))..	187834.28	430584.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	187834.28	430584.21

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)).....	187834.28	423889.21
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	461936.41	972444.21
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-274102.13	-548555.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56

(check only one)

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

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

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

**A.**

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

Mailing Address 430 SOUTH CAPITOL ST SE

City 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 ▼  
350874.36

Date of Receipt

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

Transaction ID: SA15-379

Amount of Each Receipt this Period

10250.00

**B.**

Full Name (Last, First, Middle Initial)  
CORZINE '09, INC.

Mailing Address 1 GATEWAY CENTER  
SUITE 1102

City State Zip Code  
NEWARK NJ 07102

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
1	0	/	0	6	/	2	0	0	9

Transaction ID: SA15-385

Amount of Each Receipt this Period

10250.00

**C.**

Full Name (Last, First, Middle Initial)  
DEEDS FOR VIRGINIA

Mailing Address PO BOX 11658

City State Zip Code  
ALEXANDRIA VA 22311

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
26713.45

Date of Receipt

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

Transaction ID: SA15-381

Amount of Each Receipt this Period

1900.00

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

22400.00

**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 / 56

(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)  
JIM HIMES FOR CONGRESS

Mailing Address 857 POST ROAD, #312

City State Zip Code  
FAIRFIELD CT 06824

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  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA15-390

Amount of Each Receipt this Period

8500.00

**B.**

Full Name (Last, First, Middle Initial)  
HODES FOR SENATE

Mailing Address 379 ELM STREET

City State Zip Code  
MANCHESTER NH 03103

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  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA15-388

Amount of Each Receipt this Period

8500.00

**C.**

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

Mailing Address P.O. BOX 1530

City State Zip Code  
BISCOE NC 27209

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  
1 0 / 0 6 / 2 0 0 9

Transaction ID: SA15-389

Amount of Each Receipt this Period

2500.00

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

19500.00

**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 8 / 56

(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)

FRIENDS OF BLANCHE LINCOLN

Mailing Address PO BOX 3197

City State Zip Code  
LITTLE ROCK AR 72203

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15263.13

Date of Receipt

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

Transaction ID: SA15-380

Amount of Each Receipt this Period

3063.13
---------

**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 ▼  
350874.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	9

Transaction ID: SA15-357

Amount of Each Receipt this Period

17000.00
----------

**C.**

Full Name (Last, First, Middle Initial)

OBAMA VICTORY FUND 2008

Mailing Address 430 S. CAPITOL STREET, SE

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
52910.00

Date of Receipt

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

Transaction ID: SA15-384

Amount of Each Receipt this Period

52910.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ►

72973.13
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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: (check only one)	PAGE 9 / 56
	<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<b>A.</b>	Full Name (Last, First, Middle Initial) DNC SERVICES CORP.	Date of Receipt MM / DD / YYYY 10 / 15 / 2009
	Mailing Address 430 SOUTH CAPITOL ST SE	<b>Transaction ID:</b> SA15-358
	City State Zip Code WASHINGTON DC 20003	Amount of Each Receipt this Period 56808.25
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350874.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) REID VICTORY FUND	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 607 14TH STREET, NW SUITE 800	<b>Transaction ID:</b> SA15-391
	City State Zip Code WASHINGTON DC 20005	Amount of Each Receipt this Period 16850.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MISSOURI VICTORY 2010	Date of Receipt MM / DD / YYYY 10 / 19 / 2009
	Mailing Address 208 MADISON AVENUE	<b>Transaction ID:</b> SA15-405
	City State Zip Code JEFFERSON CITY MO 65101	Amount of Each Receipt this Period 10700.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>84358.25</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 10 / 56  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR ARLEN SPECTER

Mailing Address 236 MASSACHUSETTS AVE NE

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

**Transaction ID:** SA15-397

Amount of Each Receipt this Period  
15900.00

**B.** Full Name (Last, First, Middle Initial)  
ALLEGHENY COUNTY DEMOCRATIC CO

Mailing Address 810 PENN AVENUE 5TH FLOOR  
33RD FLOOR, GULF TOWER

City State Zip Code  
PITTSBURGH PA 15222

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 Y  
 1 0 / 2 1 / 2 0 0 9

**Transaction ID:** SA15-398

Amount of Each Receipt this Period  
6800.00

**C.** Full Name (Last, First, Middle Initial)  
CORZINE '09, INC.

Mailing Address 1 GATEWAY CENTER  
SUITE 1102

City State Zip Code  
NEWARK NJ 07102

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 Y  
 1 0 / 2 1 / 2 0 0 9

**Transaction ID:** SA15-386

Amount of Each Receipt this Period  
15550.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **38250.00**

**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 11 / 56  
(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)  
STEVE ISRAEL FOR CONGRESS

Mailing Address P.O. BOX 777

City DEER PARK State NY Zip Code 11729

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: 10 / 21 / 2009  
**Transaction ID: SA15-395**  
Amount of Each Receipt this Period: 21500.00

**B.** Full Name (Last, First, Middle Initial)  
STEVE ISRAEL FOR CONGRESS

Mailing Address P.O. BOX 777

City DEER PARK State NY Zip Code 11729

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: 10 / 21 / 2009  
**Transaction ID: SA15-396**  
Amount of Each Receipt this Period: 1900.00

**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 ▼ 350874.36

Date of Receipt: 10 / 22 / 2009  
**Transaction ID: SA15-383**  
Amount of Each Receipt this Period: 20704.97

**SUBTOTAL** of Receipts This Page (optional) ..... ► 44104.97

**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 / 56  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 9  
**Transaction ID:** SA15-359  
 Amount of Each Receipt this Period  
 18300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350874.36

**B.** Full Name (Last, First, Middle Initial)  
 BOCCIERI FOR CONGRESS  
 Mailing Address P.O. BOX 20535  
 City State Zip Code  
 CANTON OH 44701  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 9  
**Transaction ID:** SA15-400  
 Amount of Each Receipt this Period  
 6500.00  
 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

**C.** Full Name (Last, First, Middle Initial)  
 DNC SERVICES CORP.  
 Mailing Address 430 SOUTH CAPITOL ST SE  
 City State Zip Code  
 WASHINGTON DC 20003  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 8 / 2 0 0 9  
**Transaction ID:** SA15-375  
 Amount of Each Receipt this Period  
 6594.23  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350874.36

**SUBTOTAL** of Receipts This Page (optional) ..... ► **31394.23**  
**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 / 56  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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 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 ▼ 350874.36  
Date of Receipt 10 / 28 / 2009  
Transaction ID: SA15-377  
Amount of Each Receipt this Period 11548.56

**B.** 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 ▼ 350874.36  
Date of Receipt 10 / 28 / 2009  
Transaction ID: SA15-378  
Amount of Each Receipt this Period 3700.00

**C.** Full Name (Last, First, Middle Initial)  
CORZINE '09, INC.  
Mailing Address 1 GATEWAY CENTER SUITE 1102  
City NEWARK State NJ Zip Code 07102  
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 10 / 28 / 2009  
Transaction ID: SA15-387  
Amount of Each Receipt this Period 25364.90

**SUBTOTAL** of Receipts This Page (optional) ..... ► 40613.46  
**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 14 / 56  
(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)  
CONNECTICUT VICTORY 2010

Mailing Address P.O. BOX 27071

City WEST HARTFORD State CT Zip Code 06127

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: 10 / 28 / 2009  
Transaction ID: SA15-404  
Amount of Each Receipt this Period: 15961.21

**B.** Full Name (Last, First, Middle Initial)  
DEEDS FOR VIRGINIA

Mailing Address PO BOX 11658

City ALEXANDRIA State VA Zip Code 22311

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 26713.45

Date of Receipt: 10 / 28 / 2009  
Transaction ID: SA15-382  
Amount of Each Receipt this Period: 24813.45

**C.** Full Name (Last, First, Middle Initial)  
HOUSE SENATE 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 ▼ 0.00

Date of Receipt: 10 / 28 / 2009  
Transaction ID: SA15-399  
Amount of Each Receipt this Period: 43567.71

**SUBTOTAL** of Receipts This Page (optional) ..... ► **84342.37**

**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 15 / 56  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
KILROY FOR CONGRESS

Mailing Address P.O. BOX 2582  
SUITE 305

City State Zip Code  
COLUMBUS OH 43216

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 Y  
1 0 / 2 8 / 2 0 0 9

**Transaction ID:** SA15-401

Amount of Each Receipt this Period  
14000.00

**B.** Full Name (Last, First, Middle Initial)  
MIKE MCMAHON FOR CONGRESS

Mailing Address 66 ARNOLD STREET

City State Zip Code  
STATEN ISLAND NY 10301

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 Y  
1 0 / 2 8 / 2 0 0 9

**Transaction ID:** SA15-403

Amount of Each Receipt this Period  
3500.00

**C.** Full Name (Last, First, Middle Initial)  
ZACK SPACE FOR CONGRESS

Mailing Address 726 SIXTEENTH STREET NE

City State Zip Code  
MASSILLON OH 44646

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 Y  
1 0 / 2 8 / 2 0 0 9

**Transaction ID:** SA15-402

Amount of Each Receipt this Period  
6500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **24000.00**

**TOTAL** This Period (last page this line number only) ..... ► **461936.41**

**SCHEDULE 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) CHARLA BAILEY	Transaction ID: SB21B-232 Date of Disbursement 10 / 01 / 2009
	Mailing Address 713 N. WALNUT STREET	Amount of Each Disbursement this Period 172.80
	City NORTH LITTLE ROCK State AR Zip Code 72114	
	Purpose of Disbursement Travel - Expense	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) ALEX BAKER	Transaction ID: SB21B-233 Date of Disbursement 10 / 01 / 2009
	Mailing Address 2800 LORCOM LANE	Amount of Each Disbursement this Period 159.10
	City ARLINGTON State VA Zip Code 22207	
	Purpose of Disbursement Travel Mileage	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) DESIREE BARNES	Transaction ID: SB21B-234 Date of Disbursement 10 / 01 / 2009
	Mailing Address 199 LORIFIELD DRIVE	Amount of Each Disbursement this Period 95.04
	City AMHERST State NY Zip Code 14226	
	Purpose of Disbursement Travel Mileage	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

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

426.94

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CHAD BOLDUC</b></p> <p>Mailing Address 333 C STREET, SE APT. #2</p> <p>City WASHINGTON State DC Zip Code 20003</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-235 <b>Date of Disbursement</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 16.42</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>HOLLIS CHAPPELL</b></p> <p>Mailing Address 1010 25TH STREET, NW UNIT #210</p> <p>City WASHINGTON State DC Zip Code 20037</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-236 <b>Date of Disbursement</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 157.25</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>HANNAH EDWARDS</b></p> <p>Mailing Address 307 MCCAULEY STREET</p> <p>City CHAPEL HILL State NC Zip Code 27516</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-237 <b>Date of Disbursement</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 17.75</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	191.42
<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) HANNAH EDWARDS	Transaction ID: SB21B-238 Date of Disbursement 10 / 01 / 2009
	Mailing Address 307 MCCAULEY STREET	Amount of Each Disbursement this Period 330.00
	City CHAPEL HILL State NC Zip Code 27516	
	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) CARL GRAY	Transaction ID: SB21B-239 Date of Disbursement 10 / 01 / 2009
	Mailing Address 629 CONSTITUTION AVE., NE #G-1	Amount of Each Disbursement this Period 17.75
	City WASHINGTON State DC Zip Code 20002	
	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) MARK HANNAH	Transaction ID: SB21B-240 Date of Disbursement 10 / 01 / 2009
	Mailing Address 503 W. 150TH STREET, APT. 6	Amount of Each Disbursement this Period 8.58
	City NEW YORK State NY Zip Code 10031	
	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) ..... ▶

356.33

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MARK HANNAH</p> <p>Mailing Address 503 W. 150TH STREET, APT. 6</p> <p>City NEW YORK State NY Zip Code 10031</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-241 <b>Date of Disbursement</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 30.87</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MARK HANNAH</p> <p>Mailing Address 503 W. 150TH STREET, APT. 6</p> <p>City NEW YORK State NY Zip Code 10031</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-242 <b>Date of Disbursement</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 159.25</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BRIAN MCPARTLIN</p> <p>Mailing Address 1 E. LONNQUIST BLVD.</p> <p>City MOUNT PROSPECT State IL Zip Code 60056</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-243 <b>Date of Disbursement</b> 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 37.15</p>

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

227.27

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALI MERALI	Transaction ID: SB21B-244 Date of Disbursement 10 / 01 / 2009
	Mailing Address 3418 NEWARK STREET, NW	Amount of Each Disbursement this Period 518.62
	City WASHINGTON State DC Zip Code 20016	
	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) ANDREA MOKROS	Transaction ID: SB21B-245 Date of Disbursement 10 / 01 / 2009
	Mailing Address 2922 ALDRICH AVENUE S, #515	Amount of Each Disbursement this Period 378.68
	City MINNEAPOLIS State MN Zip Code 55408	
	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) KRISTINA MUELLER	Transaction ID: SB21B-246 Date of Disbursement 10 / 01 / 2009
	Mailing Address 1000 COTEY DRIVE	Amount of Each Disbursement this Period 372.00
	City MERRILL State WI Zip Code 54452	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1269.30
<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) DAN RASKOV	Transaction ID: SB21B-247 Date of Disbursement 10 / 01 / 2009
	Mailing Address 316 SAN VICENTE BLVD.	Amount of Each Disbursement this Period 490.70
	City SANTA MONICA State CA Zip Code 90402	
	Purpose of Disbursement Travel Mileage	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) ARIEL RATNER	Transaction ID: SB21B-248 Date of Disbursement 10 / 01 / 2009
	Mailing Address 2020 F STREET, NW APT. 108	Amount of Each Disbursement this Period 310.92
	City WASHINGTON State DC Zip Code 20006	
	Purpose of Disbursement Travel Mileage	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) MICHELLE ROSE	Transaction ID: SB21B-249 Date of Disbursement 10 / 01 / 2009
	Mailing Address 430 NEW JERSEY AVE SE	Amount of Each Disbursement this Period 378.00
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Travel Mileage	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) .....	▶	1179.62
<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) REBEKAH SERGENT	Transaction ID: SB21B-250 Date of Disbursement 10 / 01 / 2009
	Mailing Address 601 13TH AVENUE	Amount of Each Disbursement this Period 617.50
	City HUNTINGTON State WV Zip Code 25701	
	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) ANNIE TOMASINI	Transaction ID: SB21B-251 Date of Disbursement 10 / 01 / 2009
	Mailing Address 1910 KALORAMA PLACE #40	Amount of Each Disbursement this Period 73.92
	City WASHINGTON State DC Zip Code 20009	
	Purpose of Disbursement Travel Mileage	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) DEPARTMENT OF TREASURY	Transaction ID: SB21B-252 Date of Disbursement 10 / 01 / 2009
	Mailing Address P.O. BOX 27800	Amount of Each Disbursement this Period 80.25
	City WASHINGTON State DC Zip Code 20038-7800	
	Purpose of Disbursement Travel - Expense	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) .....	771.67
<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) DEPARTMENT OF TREASURY	Transaction ID: SB21B-253 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel - Expense	<input type="text" value="418.97"/>
	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) DEPARTMENT OF TREASURY	Transaction ID: SB21B-254 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel - Expense	<input type="text" value="162.58"/>
	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) DEPARTMENT OF TREASURY	Transaction ID: SB21B-255 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel - Expense	<input type="text" value="132.05"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="713.60"/>
<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 24 / 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) DEPARTMENT OF TREASURY <hr/> Mailing Address P.O. BOX 27800 <hr/> City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Travel - Expense 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-256 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 219.89
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY <hr/> Mailing Address P.O. BOX 27800 <hr/> City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Travel - Expense 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-257 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 555.68
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY <hr/> Mailing Address P.O. BOX 27800 <hr/> City WASHINGTON State DC Zip Code 20038-7800 Purpose of Disbursement Travel - Expense 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-258 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1773.26
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2548.83
<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

A.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-259 Date of Disbursement																			
	Mailing Address P.O. BOX 27800	<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>1</td><td>0</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	1	0		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	9												
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel - Expense Candidate Name	<table border="1"><tr><td>783.95</td></tr></table>	783.95																		
783.95																					
	Office Sought: <input type="checkbox"/> House <input 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) AARON TUCKER	Transaction ID: SB21B-260 Date of Disbursement																			
	Mailing Address 1619 S STREET, NW APT. #2	<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>1</td><td>0</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	1	0		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	9												
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Mileage Candidate Name	<table border="1"><tr><td>31.33</td></tr></table>	31.33																		
31.33																					
	Office Sought: <input type="checkbox"/> House <input 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) CATHERINE WALKER	Transaction ID: SB21B-261 Date of Disbursement																			
	Mailing Address 2130 P STREET, NW, #219	<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>1</td><td>0</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	1	0		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	9												
	City WASHINGTON State DC Zip Code 20037	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Mileage Candidate Name	<table border="1"><tr><td>95.04</td></tr></table>	95.04																		
95.04																					
	Office Sought: <input type="checkbox"/> House <input 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>910.32</td></tr></table>	910.32
910.32		
<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)

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

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

A.

Full Name (Last, First, Middle Initial)  
DAVID GREELISH

Transaction ID: SB21B-262  
Date of Disbursement

Mailing Address 69 GALEN STREET #5

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

City State Zip Code  
WATERTOWN MA 02472

Amount of Each Disbursement this Period

462.00
--------

Purpose of Disbursement  
Travel & Subsistence Expense Reimb

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
REID ROSENBERG

Transaction ID: SB21B-263  
Date of Disbursement

Mailing Address 3701 MASSACHUSETTS AVENUE, NW #405

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

City State Zip Code  
WASHINGTON DC 20016

Amount of Each Disbursement this Period

25.13
-------

Purpose of Disbursement  
Travel Mileage

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
BOXER'S VICTORY FUND

Transaction ID: SB21B-264  
Date of Disbursement

Mailing Address 120 MARYLAND AVENUE, NE

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

City State Zip Code  
WASHINGTON DC 20002

Amount of Each Disbursement this Period

7000.00
---------

Purpose of Disbursement  
Refund of Offset

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

7487.13
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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 27 / 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) DEEDS FOR VIRGINIA	Transaction ID: SB21B-265 Date of Disbursement
	Mailing Address PO BOX 11658	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City ALEXANDRIA State VA Zip Code 22311	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HALVORSON FOR CONGRESS	Transaction ID: SB21B-266 Date of Disbursement
	Mailing Address 1130 N. DEARBORN STREET, #403	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City CHICAGO State IL Zip Code 60610	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Offset	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-291 Date of Disbursement
	Mailing Address P O BOX 1270	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="22134.11"/>
	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

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

**32134.11**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hyatt Hotels</p> <p>Mailing Address 208 Barton Springs Road</p> <p>City Austin State TX Zip Code 78704</p> <p>Purpose of Disbursement Lodging &amp; 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-291-10000</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2365.30</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hilton Hotels Beverly</p> <p>Mailing Address 9876 Wilshire Boulevard</p> <p>City Beverly Hills State CA Zip Code 90210</p> <p>Purpose of Disbursement Lodging &amp; 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-291-20000</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 951.72</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MARRIOTT HOTEL</p> <p>Mailing Address 8701 WORLD CENTER DR.</p> <p>City ORLANDO State FL Zip Code 32821</p> <p>Purpose of Disbursement Lodging &amp; 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-291-30000</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1937.45</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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) Travel Agency Service</p> <p>Mailing Address 3415 E Kiehl Ave</p> <p>City Little Rock State AR Zip Code 72205</p> <p>Purpose of Disbursement Travel - Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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-291-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <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 style="text-align: center;"><input type="text" value="880.00"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United Air</p> <p>Mailing Address P.O. Box 92245</p> <p>City Los Angeles State CA Zip Code 90009</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-291-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <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 style="text-align: center;"><input type="text" value="2421.00"/></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 Washington National Airport</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-291-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <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 style="text-align: center;"><input type="text" value="863.10"/></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 30 / 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) American Airlines</p> <p>Mailing Address Washinton National Airport</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-291-70000</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 831.80</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES</p> <p>Mailing Address 2702 LOVE FIELD DR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-291-80000</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 445.80</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 Washington National Airport</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-291-90000</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 5145.70</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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) AMTRAK	Transaction ID: SB21B-291-100000 Date of Disbursement 10 / 07 / 2009
	Mailing Address 4066 VINE STREET	Amount of Each Disbursement this Period 1302.00
	City RIVERSIDE State CA Zip Code 92507	
	Purpose of Disbursement Train Travel	
	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

B.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-291-110000 Date of Disbursement 10 / 07 / 2009
	Mailing Address 780 MCDONNELL RD	Amount of Each Disbursement this Period 801.66
	City SAN FRANCISCO State CA Zip Code 94128	
	Purpose of Disbursement Car Rental	
	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) AVIS-RENT-A-CAR	Transaction ID: SB21B-291-120000 Date of Disbursement 10 / 07 / 2009
	Mailing Address 10600 ROOSEVELT BLVD	Amount of Each Disbursement this Period 418.55
	City PHILADELPHIA State PA Zip Code 19116	
	Purpose of Disbursement Car Rental	
	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

<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR	Transaction ID: SB21B-291-130000 Date of Disbursement 10 / 07 / 2009
	Mailing Address 737 ALBANY SHAKER RD #39	Amount of Each Disbursement this Period 61.15
	City ALBANY State NY Zip Code 12211	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR	Transaction ID: SB21B-291-140000 Date of Disbursement 10 / 07 / 2009
	Mailing Address 1910 E WASHINGTON BLVD	Amount of Each Disbursement this Period 549.92
	City LOS ANGELES State CA Zip Code 90021	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR	Transaction ID: SB21B-291-150000 Date of Disbursement 10 / 07 / 2009
	Mailing Address 229 W Grand Ave # Qw	Amount of Each Disbursement this Period 495.01
	City Chicago State IL Zip Code 60610	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) Budget-Rent-A-Car</p> <p>Mailing Address 30Th St Train Station &amp; Market</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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-291-160000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <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="316.67"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BUDGET RENT A CAR</p> <p>Mailing Address 1 AIRPORT BLVD</p> <p>City N SYRACUSE State NY Zip Code 13212</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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-291-170000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <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="587.41"/></p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR</p> <p>Mailing Address 3400 E SKY HARBOR BLVD</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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-291-180000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <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="25.00"/></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 34 / 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) HERTZ CAR RENTAL</p> <p>Mailing Address 5601 Butler National Drive</p> <p>City ORLANDO State FL Zip Code 32812</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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-291-190000</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 468.57</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FAIRMONT CHICAGO</p> <p>Mailing Address 200 North Columbus Drive</p> <p>City CHICAGO State IL Zip Code 60601</p> <p>Purpose of Disbursement Lodging &amp; 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-291-200000</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1266.30</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ELIZABETH D'AUNNO</p> <p>Mailing Address 15 WOODLAND HEIGHTS NE</p> <p>City IOWA CITY State IA Zip Code 52240</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</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-278</p> <p>Date of Disbursement 10 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 239.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>239.00</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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) ELIZABETH D'AUNNO	Transaction ID: SB21B-279 Date of Disbursement
	Mailing Address 15 WOODLAND HEIGHTS NE	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City IOWA CITY State IA Zip Code 52240	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="360.17"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ELIZABETH D'AUNNO	Transaction ID: SB21B-280 Date of Disbursement
	Mailing Address 15 WOODLAND HEIGHTS NE	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City IOWA CITY State IA Zip Code 52240	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Mileage	<input type="text" value="14.25"/>
	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) CLAY DIETTE	Transaction ID: SB21B-281 Date of Disbursement
	Mailing Address P.O. BOX 1790	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City MT. VERNON State IL Zip Code 62864	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="286.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="660.42"/>
<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) IKE EMEJURU</p> <p>Mailing Address 3217 SACRAMENTO DRIVE</p> <p>City VIRGINIA BEACH State VA Zip Code 23456</p> <p>Purpose of Disbursement Travel &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-282</p> <p>Date of Disbursement 10 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 352.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MARK HANNAH</p> <p>Mailing Address 503 W. 150TH STREET, APT. 6</p> <p>City NEW YORK State NY Zip Code 10031</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-283</p> <p>Date of Disbursement 10 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 352.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CJ ROG</p> <p>Mailing Address 3108 LOGAN BLVD.</p> <p>City CHICAGO State IL Zip Code 60647</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-284</p> <p>Date of Disbursement 10 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 41.60</p>

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

**745.60**

**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) CATHERINE WELKER	Transaction ID: SB21B-285 Date of Disbursement
	Mailing Address 2130 P Street, NW #219	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20037	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Mileage	<input type="text" value="375.98"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CATHERINE WELKER	Transaction ID: SB21B-286 Date of Disbursement
	Mailing Address 2130 P Street, NW #219	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20037	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Mileage	<input type="text" value="224.50"/>
	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-287 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> <input type="text" value="08"/> / <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 White House Airlift Airfare	<input type="text" value="13952.22"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14552.70"/>
<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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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-288 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> <input type="text" value="08"/> / <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 White House Airlift In-flight Services	<input type="text" value="76.78"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-289 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> <input type="text" value="08"/> / <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 White House Airlift In-flight Services	<input type="text" value="2.44"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-290 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> <input type="text" value="08"/> / <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 White House Airlift Airfare	<input type="text" value="996.15"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

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

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) BANK OF AMERICA,NA	Transaction ID: SB21B-325 Date of Disbursement
	Mailing Address REGIONAL CENTER, VA2-125-04-01 P.O. BOX 27025	<input type="text" value="10"/> / <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="11.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALI MERALI	Transaction ID: SB21B-292 Date of Disbursement
	Mailing Address 3418 NEWARK STREET, NW	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20016	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Mileage	<input type="text" value="340.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ORLANDO MARRIOTT DOWNTOWN	Transaction ID: SB21B-293 Date of Disbursement
	Mailing Address 400 WEST LIVINGSTON STREET	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City ORLANDO State FL Zip Code 32801	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="1160.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1511.85"/>
<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-294 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> <input type="text" value="22"/> / <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 White House Airlift Airfare	<input type="text" value="7899.20"/>
	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-295 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> <input type="text" value="22"/> / <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 White House Airlift Helo	<input type="text" value="498.65"/>
	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-296 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> <input type="text" value="22"/> / <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 White House Airlift In-flight Services	<input type="text" value="46.96"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8444.81"/>
<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-297 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> / <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 White House Airlift Airfare	<input type="text" value="20594.44"/>
	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-298 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> / <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 White House Airlift In-flight Services	<input type="text" value="109.61"/>
	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-299 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> / <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 White House Airlift Airfare	<input type="text" value="8089.87"/>
	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="28793.92"/>
<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-300 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> <input type="text" value="22"/> / <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 White House Airlift In-flight Services	<input type="text" value="35.68"/>
	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-301 Date of Disbursement
	Mailing Address EEOB ROOM #25	<input type="text" value="10"/> <input type="text" value="22"/> / <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 White House Airlift Helo	<input type="text" value="275.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELIZABETH D'AUNNO	Transaction ID: SB21B-302 Date of Disbursement
	Mailing Address 15 WOODLAND HEIGHTS NE	<input type="text" value="10"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City IOWA CITY State IA Zip Code 52240	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Mileage	<input type="text" value="360.17"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="671.22"/>
<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) CLAY DIETTE	Transaction ID: SB21B-303
	Mailing Address P.O. BOX 1790	Date of Disbursement 10 / 22 / 2009
	City MT. VERNON State IL Zip Code 62864	Amount of Each Disbursement this Period 286.00
	Purpose of Disbursement Travel Mileage	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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-304
	Mailing Address EEOB ROOM #25	Date of Disbursement 10 / 22 / 2009
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period 48.33
	Purpose of Disbursement White House Airlift In-flight Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-305
	Mailing Address EEOB ROOM #25	Date of Disbursement 10 / 22 / 2009
	City WASHINGTON State DC Zip Code 20502	Amount of Each Disbursement this Period 321.33
	Purpose of Disbursement White House Airlift Helo	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) .....	▶	655.66
<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) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-306 Date of Disbursement 10 / 27 / 2009
	Mailing Address EEOB ROOM #25	Amount of Each Disbursement this Period 8055.87
	City WASHINGTON State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift Airfare	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) HOLIDAY INN EXPRESS SYRACUSE AIPORT	Transaction ID: SB21B-307 Date of Disbursement 10 / 27 / 2009
	Mailing Address 5418 SOUTH BAY ROAD	Amount of Each Disbursement this Period 2734.96
	City SYRACUSE State NY Zip Code 13212	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) HERTZ	Transaction ID: SB21B-308 Date of Disbursement 10 / 27 / 2009
	Mailing Address COMMERCIAL BILLING DEPT 1124 PO BOX 121124	Amount of Each Disbursement this Period 54.00
	City DALLAS State TX Zip Code 75312-1124	
	Purpose of Disbursement Car Rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10844.83
<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 45 / 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</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-323 <b>Date of Disbursement</b> 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 53850.21</p> <p>See Attached Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Boulevard</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-323-10000 <b>Date of Disbursement</b> 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 948.20</p> <p>[MEMO ITEM] Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AMTRAK</p> <p>Mailing Address 900 2ND STREET, N.W.</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Train 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-323-20000 <b>Date of Disbursement</b> 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1108.80</p> <p>[MEMO ITEM] Memo Entry</p>

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

53850.21

**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) Delta Air  Mailing Address Washington National Airport  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Airfare Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-323-30000 Date of Disbursement 10 / 28 / 2009  Amount of Each Disbursement this Period 952.20  <b>[MEMO ITEM]</b> Memo Entry
B.	Full Name (Last, First, Middle Initial) THE FAIRMONT HOTEL  Mailing Address 2401 M STREET, N.W.  City WASHINGTON State DC Zip Code 20037  Purpose of Disbursement Lodging & Catering Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-323-40000 Date of Disbursement 10 / 28 / 2009  Amount of Each Disbursement this Period 7344.40  <b>[MEMO ITEM]</b> Memo Entry
C.	Full Name (Last, First, Middle Initial) Plate Pass  Mailing Address 7681 East Gray Road  City Scottsdale State AZ Zip Code 85260  Purpose of Disbursement Travel - Expense 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-323-50000 Date of Disbursement 10 / 28 / 2009  Amount of Each Disbursement this Period 63.95  <b>[MEMO ITEM]</b> Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) SOUTHWEST AIRLINES</p> <p>Mailing Address 2702 LOVE FIELD DR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-323-60000</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 870.40</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United Air</p> <p>Mailing Address P.O. Box 92245</p> <p>City Los Angeles State CA Zip Code 90009</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-323-70000</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5882.30</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) USAirways</p> <p>Mailing Address Washington National Airport</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-323-80000</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2348.00</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 48 / 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) Northwest Airlines</p> <p>Mailing Address Washington National Airport</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-323-90000</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2935.60</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SHERATON HOTEL</p> <p>Mailing Address 1 DOCK ST.</p> <p>City PHILADELPHIA State PA Zip Code 19106</p> <p>Purpose of Disbursement Lodging &amp; 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-323-100000</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 7008.80</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) GRAND SIERRA RESORT</p> <p>Mailing Address 2500 E SECOND ST.</p> <p>City RENO State NV Zip Code 89595</p> <p>Purpose of Disbursement Lodging &amp; 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-323-110000</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 621.50</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)

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

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

A.	Full Name (Last, First, Middle Initial) Travel Agency Service Mailing Address 3415 E Kiehl Ave City Little Rock State AR Zip Code 72205 Purpose of Disbursement Travel - Expense 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-323-120000 Date of Disbursement 10 / 28 / 2009	Amount of Each Disbursement this Period 835.00 [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) BUDGET-RENT-A-CAR Mailing Address 1823 JEFFERSON PLACE NW City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-323-130000 Date of Disbursement 10 / 28 / 2009	Amount of Each Disbursement this Period 2564.88 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Hertz Rent-A-Car Mailing Address 5540 Ailine Drive City Birmingham State AL Zip Code 35212 Purpose of Disbursement Car Rental 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-323-140000 Date of Disbursement 10 / 28 / 2009	Amount of Each Disbursement this Period 1823.73 [MEMO ITEM] Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) AVIS-RENT-A-CAR</p> <p>Mailing Address George Washington Memorial Pky</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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-323-150000</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 6164.90</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HILTON INN AT PENN</p> <p>Mailing Address 3600 SANSOM STREET</p> <p>City PHILADELPHIA State PA Zip Code 19104</p> <p>Purpose of Disbursement Lodging &amp; 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-323-160000</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 8966.83</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HOLIDAY INN EXPRESS</p> <p>Mailing Address 3101 WEST CABOT BOULEVARD</p> <p>City LANGHORNE State PA Zip Code 19047</p> <p>Purpose of Disbursement Lodging &amp; 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-323-170000</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1836.00</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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) HOMEWOOD SUITES Mailing Address 350 ROCKY RUN BLVD City WILMINGTON State DE Zip Code 19803 Purpose of Disbursement Lodging & Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-323-180000 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1028.16 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) HYATT REGENCY GREENWICH Mailing Address 1800 EAST PUTNAM AVENUE City OLD GREENWICH State CT Zip Code 06870 Purpose of Disbursement Lodging & Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-323-190000 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 546.56 [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) DESIREE BARNES Mailing Address 199 LORIFIELD DRIVE City AMHERST State NY Zip Code 14226 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:	Transaction ID: SB21B-309 Date of Disbursement 10 / 29 / 2009
	Amount of Each Disbursement this Period 568.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	568.00
<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p><b>A.</b> Full Name (Last, First, Middle Initial) TOLLEF BIGGS</p> <p>Mailing Address 320 WASHINGTON AVENUE, #1B</p> <p>City BROOKLYN State NY Zip Code 11205</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-310 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 585.15</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ALAN BRAY</p> <p>Mailing Address 14 Q STREET, NE UNIT B</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-311 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 528.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAVID GIFFORD</p> <p>Mailing Address 430 FULLERTON AVENUE</p> <p>City NEWPORT BEACH State CA Zip Code 92663</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-312 <b>Date of Disbursement</b> 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 568.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1681.15
<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)

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

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

A.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-313 Date of Disbursement 10 / 29 / 2009
	Mailing Address 69 GALEN STREET #5	Amount of Each Disbursement this Period 528.00
	City WATERTOWN State MA Zip Code 02472	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DUKE MCLARTY	Transaction ID: SB21B-314 Date of Disbursement 10 / 29 / 2009
	Mailing Address 711 DOUGLAS STREET, APT. 2	Amount of Each Disbursement this Period 588.00
	City FAYETTEVILLE State AR Zip Code 72701	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SEAMUS PERRY	Transaction ID: SB21B-315 Date of Disbursement 10 / 29 / 2009
	Mailing Address 1085 SANTA PAULA	Amount of Each Disbursement this Period 568.00
	City LOS OSOS State CA Zip Code 93402	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1684.00
<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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) <b>BEN SHANNON</b>	<b>Transaction ID: SB21B-316</b>
	Mailing Address 421 10TH STREET, NE	Date of Disbursement 10 / 29 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 528.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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>ASHLEY TATE-GILMORE</b>	<b>Transaction ID: SB21B-317</b>
	Mailing Address 1364 CONSTITUTION AVE., NE #6	Date of Disbursement 10 / 29 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 528.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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>JEFF TATE</b>	<b>Transaction ID: SB21B-318</b>
	Mailing Address 1216 7TH STREET, NW #101	Date of Disbursement 10 / 29 / 2009
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period 568.00
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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>1624.00</b>
<b>TOTAL</b> 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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) HEATHER ULLSVIK	Transaction ID: SB21B-319 Date of Disbursement 10 / 29 / 2009
	Mailing Address 2513 NORTH STOWELL AVENUE #19	Amount of Each Disbursement this Period 528.00
	City MILWAUKEE State WI Zip Code 53211	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HEATHER ULLSVIK	Transaction ID: SB21B-320 Date of Disbursement 10 / 29 / 2009
	Mailing Address 2513 NORTH STOWELL AVENUE #19	Amount of Each Disbursement this Period 568.00
	City MILWAUKEE State WI Zip Code 53211	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAROLINE COSCIA	Transaction ID: SB21B-321 Date of Disbursement 10 / 29 / 2009
	Mailing Address 3460 14TH STREET, NW APT. #102	Amount of Each Disbursement this Period 528.00
	City WASHINGTON State DC Zip Code 20010	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1624.00
<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 56 / 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="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) KRISTOPHER CURTIS	Transaction ID: SB21B-322 Date of Disbursement 10 / 29 / 2009
	Mailing Address 1520 WASHINGTON AVE., SUITE 71	Amount of Each Disbursement this Period 528.00
	City ST. LOUIS State MO Zip Code 63103	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEEDS FOR VIRGINIA	Transaction ID: SB21B-324 Date of Disbursement 10 / 29 / 2009
	Mailing Address PO BOX 11658	Amount of Each Disbursement this Period 9863.00
	City ALEXANDRIA State VA Zip Code 22311	
	Purpose of Disbursement Refund of Offset	
	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) .....	▶	10391.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	187834.28