

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
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 CITY STATE ZIP CODE
C C00460147
3. IS THIS REPORT NEW OR AMENDED (N) (A) [X] (N) (A)

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

5. Covering Period 08 / 01 / 2017 through 08 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Derrough, William, , ,
Type or Print Name of Treasurer

Signature of Treasurer Derrough, William, , , [Electronically Filed] Date 09 / 19 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		1033178.78
(b) Cash on Hand at Beginning of Reporting Period.....	99716.49	
(c) Total Receipts (from Line 19) .....	0.00	73839.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	99716.49	1107018.53
7. Total Disbursements (from Line 31).....	7196.13	1014498.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	92520.36	92520.36
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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Report Covering the Period: From:  /  /  To:  /  /

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).....	0.00	73839.75
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 Transfers (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)).....▶	0.00	73839.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	73839.75

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	7196.13	1014498.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7196.13	1014498.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	7196.13	1014498.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7196.13	1014498.17

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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)) .....	7196.13	1014498.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	73839.75
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7196.13	940658.42

**SCHEDULE 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Bedingfield, Katherine, , ,**

Mailing Address 1820 Kilbourne Place, NW

City  
Washington

State  
DC

Zip Code  
20010

Purpose of Disbursement  
Travel Expense

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:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B-12049**

Amount of Each Disbursement this Period

63.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. Feder, Steven, , ,**

Mailing Address 504 West 111th Street  
Apt 44

City  
New York

State  
NY

Zip Code  
10025

Purpose of Disbursement  
Travel Expense

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:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B-12069**

Amount of Each Disbursement this Period

182.78

Memo Item

Full Name (Last, First, Middle Initial)

**C. Feder, Steven, , ,**

Mailing Address 504 West 111th Street  
Apt 44

City  
New York

State  
NY

Zip Code  
10025

Purpose of Disbursement  
Travel Taxi/Public/POV

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:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B-12071**

Amount of Each Disbursement this Period

63.25

Memo Item

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

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

309.39

**SCHEDULE 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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. Grace, Jennifer, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4673 Bailey Road

City Dimondale State MI Zip Code 48821

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B-12071

Amount of Each Disbursement this Period: 164.91

Memo Item

**B. Greelish, David, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 33 Howard Street, #3

City Newport State RI Zip Code 02840

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B-12072

Amount of Each Disbursement this Period: 172.05

Memo Item

**C. Greelish, David, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 33 Howard Street, #3

City Newport State RI Zip Code 02840

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B-12073

Amount of Each Disbursement this Period: 244.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 581.16

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. Greelish, David, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 33 Howard Street, #3				
City Newport	State RI	Zip Code 02840		
Purpose of Disbursement Travel Taxi/Public/POV		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12074 Amount of Each Disbursement this Period 80.91	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Greelish, David, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 33 Howard Street, #3				
City Newport	State RI	Zip Code 02840		
Purpose of Disbursement Travel Taxi/Public/POV		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12075 Amount of Each Disbursement this Period 114.84	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Greelish, David, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 33 Howard Street, #3				
City Newport	State RI	Zip Code 02840		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12076 Amount of Each Disbursement this Period 274.56	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			470.31	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Greelish, David, , ,**

Mailing Address 33 Howard Street, #3

City  
Newport

State  
RI

Zip Code  
02840

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B-12077**

Amount of Each Disbursement this Period

220.97

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hart, Elizabeth, A., ,**

Mailing Address 990 Ave of the Americas, Apt 10P

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B-12078**

Amount of Each Disbursement this Period

69.93

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hart, Elizabeth, A., ,**

Mailing Address 990 Ave of the Americas, Apt 10P

City  
New York

State  
NY

Zip Code  
10018

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B-12079**

Amount of Each Disbursement this Period

4.14

Memo Item

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

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

295.04

**SCHEDULE 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Leighton, Zachary, S., ,**

Mailing Address 111 Foxwood Drive

City  
Jericho

State  
NY

Zip Code  
11753

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-12080**  
Amount of Each Disbursement this Period  
[ ] 117.18

Memo Item

Full Name (Last, First, Middle Initial)

**B. Leighton, Zachary, S., ,**

Mailing Address 111 Foxwood Drive

City  
Jericho

State  
NY

Zip Code  
11753

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-12081**  
Amount of Each Disbursement this Period  
[ ] 36.77

Memo Item

Full Name (Last, First, Middle Initial)

**C. Leighton, Zachary, S., ,**

Mailing Address 111 Foxwood Drive

City  
Jericho

State  
NY

Zip Code  
11753

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-1208;**  
Amount of Each Disbursement this Period  
[ ] 17.84

Memo Item

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

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

[ ]	1	7	1	7	9
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[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Madigan, Caithlin, T., ,**

Mailing Address 3030 Macomb Street, NW

City  
Washington

State  
DC

Zip Code  
20008

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B-12083**

Amount of Each Disbursement this Period

30.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. Madigan, Caithlin, T., ,**

Mailing Address 3030 Macomb Street, NW

City  
Washington

State  
DC

Zip Code  
20008

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B-12084**

Amount of Each Disbursement this Period

176.41

Memo Item

Full Name (Last, First, Middle Initial)

**C. Madigan, Caithlin, T., ,**

Mailing Address 3030 Macomb Street, NW

City  
Washington

State  
DC

Zip Code  
20008

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B-1208!**

Amount of Each Disbursement this Period

19.18

Memo Item

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

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

226.27

**SCHEDULE 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Morgan, Jon, P., ,**

Mailing Address 350 W 43rd St, Apt 36D

City New York State NY Zip Code 10036

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B-12086  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Morgan, Jon, P., ,**

Mailing Address 350 W 43rd St, Apt 36D

City New York State NY Zip Code 10036

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B-12087  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Moylan, John, C., , IV**

Mailing Address 1500 Wellington Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B-12088  
Amount of Each Disbursement this Period

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. Moylan, John, C., , IV</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 1500 Wellington Drive				
City Columbia	State SC	Zip Code 29204		
Purpose of Disbursement Travel Fuel		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12089 Amount of Each Disbursement this Period 65.62	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Moylan, John, C., , IV</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 1500 Wellington Drive				
City Columbia	State SC	Zip Code 29204		
Purpose of Disbursement Travel Parking		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12090 Amount of Each Disbursement this Period 15.50	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Moylan, John, C., , IV</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 1500 Wellington Drive				
City Columbia	State SC	Zip Code 29204		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12091 Amount of Each Disbursement this Period 63.27	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional).....			144.39	
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Moylan, John, C., , IV**

Mailing Address 1500 Wellington Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12092  
Amount of Each Disbursement this Period  
4.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Moylan, John, C., , IV**

Mailing Address 1500 Wellington Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12093  
Amount of Each Disbursement this Period  
17.28

Memo Item

Full Name (Last, First, Middle Initial)

**C. Moylan, John, C., , IV**

Mailing Address 1500 Wellington Drive

City Columbia State SC Zip Code 29204

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12094  
Amount of Each Disbursement this Period  
9.62

Memo Item

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

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

31.40

**SCHEDULE 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. O'Connell, Allison, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 5408 Hurlock Drive				
City Austin	State TX	Zip Code 78731		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12095 Amount of Each Disbursement this Period 316.80	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. O'Connell, Allison, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 5408 Hurlock Drive				
City Austin	State TX	Zip Code 78731		
Purpose of Disbursement Travel Fuel		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12096 Amount of Each Disbursement this Period 11.63	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Reddy, Vinay, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 1840 Vernon Street, NW, Unit 102				
City Washington	State DC	Zip Code 20009		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12097 Amount of Each Disbursement this Period 16.65	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			345.08	
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. Reddy, Vinay, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 1840 Vernon Street, NW, Unit 102				
City Washington	State DC	Zip Code 20009		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12098 Amount of Each Disbursement this Period 34.41	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Reddy, Vinay, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 1840 Vernon Street, NW, Unit 102				
City Washington	State DC	Zip Code 20009		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12099 Amount of Each Disbursement this Period 48.84	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Reddy, Vinay, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 1840 Vernon Street, NW, Unit 102				
City Washington	State DC	Zip Code 20009		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12101 Amount of Each Disbursement this Period 63.36	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			146.61	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. Bickhaus, Ann, M., ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 234 S 16th Street				
City Quincy	State IL	Zip Code 62301		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12050 Amount of Each Disbursement this Period 149.11	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Bickhaus, Ann, M., ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 234 S 16th Street				
City Quincy	State IL	Zip Code 62301		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12051 Amount of Each Disbursement this Period 211.64	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Bickhaus, Ann, M., ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 234 S 16th Street				
City Quincy	State IL	Zip Code 62301		
Purpose of Disbursement Travel Taxi/Public/POV		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-1205: Amount of Each Disbursement this Period 44.10	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			404.85	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. Rozenbaum, Zhanna, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 1775 E. 18th Street, Apt 5A				
City Brooklyn	State NY	Zip Code 11229		
Purpose of Disbursement Travel Taxi/Public/POV		Category/Type <input type="checkbox"/>		
Candidate Name			Amount of Each Disbursement this Period 12.40	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Rozenbaum, Zhanna, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 1775 E. 18th Street, Apt 5A				
City Brooklyn	State NY	Zip Code 11229		
Purpose of Disbursement Travel Taxi/Public/POV		Category/Type <input type="checkbox"/>		
Candidate Name			Amount of Each Disbursement this Period 17.60	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Sanders, Valentine, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 104 East 81st St., Apt. 1H				
City New York	State NY	Zip Code 10028		
Purpose of Disbursement Travel Expense		Category/Type <input type="checkbox"/>		
Candidate Name			Amount of Each Disbursement this Period 30.68	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			60.68	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Sanders, Valentine, , ,**

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B-12106  
Amount of Each Disbursement this Period

176.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sanders, Valentine, , ,**

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B-12107  
Amount of Each Disbursement this Period

19.18

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sanders, Valentine, , ,**

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B-12108  
Amount of Each Disbursement this Period

3.20

Memo Item

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

198.79

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Sanders, Valentine, , ,**

Mailing Address 104 East 81st St., Apt. 1H

City  
New York

State  
NY

Zip Code  
10028

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12109**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sanders, Valentine, , ,**

Mailing Address 104 East 81st St., Apt. 1H

City  
New York

State  
NY

Zip Code  
10028

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12110**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sanders, Valentine, , ,**

Mailing Address 104 East 81st St., Apt. 1H

City  
New York

State  
NY

Zip Code  
10028

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12111**

Amount of Each Disbursement this Period

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Sanders, Valentine, , ,**

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12112  
Amount of Each Disbursement this Period  
4.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sanders, Valentine, , ,**

Mailing Address 104 East 81st St., Apt. 1H

City New York State NY Zip Code 10028

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12113  
Amount of Each Disbursement this Period  
0.46

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schall, Justin, M., ,**

Mailing Address 157 Fleet Street, Unit 914

City Oxon Hill State MD Zip Code 20745

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12114  
Amount of Each Disbursement this Period  
174.57

Memo Item

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

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

179.28

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Schrum, E., Michael, ,**

Mailing Address 433 15th Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2017

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-12115**  
Amount of Each Disbursement this Period  
[ ] 19.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. Schrum, E., Michael, ,**

Mailing Address 433 15th Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2017

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-12116**  
Amount of Each Disbursement this Period  
[ ] 63.36

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schultz, Gregory, , ,**

Mailing Address 2125 14th Street, NW, Apt 315

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2017

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-12117**  
Amount of Each Disbursement this Period  
[ ] 34.41

Memo Item

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

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

[ ] 117.75
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[ ]
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Schultz, Gregory, , ,**

Mailing Address 2125 14th Street, NW, Apt 315

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12118**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Schultz, Gregory, , ,**

Mailing Address 2125 14th Street, NW, Apt 315

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12119**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sneed, Timothy, W., ,**

Mailing Address 101 S. Whiting Street, Apt 808

City  
Alexandria

State  
VA

Zip Code  
22304

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12121**

Amount of Each Disbursement this Period

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Sneed, Timothy, W., ,**

Mailing Address 101 S. Whiting Street, Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B-12121

Amount of Each Disbursement this Period

176.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sneed, Timothy, W., ,**

Mailing Address 101 S. Whiting Street, Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B-12122

Amount of Each Disbursement this Period

19.18

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sneed, Timothy, W., ,**

Mailing Address 101 S. Whiting Street, Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B-1212:

Amount of Each Disbursement this Period

2.64

Memo Item

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

198.23

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. Sneed, Timothy, W., ,</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 101 S. Whiting Street, Apt 808		FEC Identification Number C [ ] <b>Transaction ID : SB21B-12124</b> Amount of Each Disbursement this Period [ ] 15.18	
City Alexandria	State VA	Zip Code 22304	Category/ Type [ ]
Purpose of Disbursement Travel Taxi/Public/POV			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>B. Sneed, Timothy, W., ,</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 101 S. Whiting Street, Apt 808		FEC Identification Number C [ ] <b>Transaction ID : SB21B-12125</b> Amount of Each Disbursement this Period [ ] 1.65	
City Alexandria	State VA	Zip Code 22304	Category/ Type [ ]
Purpose of Disbursement Travel Taxi/Public/POV			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) <b>C. Sneed, Timothy, W., ,</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 101 S. Whiting Street, Apt 808		FEC Identification Number C [ ] <b>Transaction ID : SB21B-12126</b> Amount of Each Disbursement this Period [ ] 139.54	
City Alexandria	State VA	Zip Code 22304	Category/ Type [ ]
Purpose of Disbursement Travel Expense			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[ ] 156.37
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Sneed, Timothy, W., ,**

Mailing Address 101 S. Whiting Street, Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12127  
Amount of Each Disbursement this Period  
10.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sneed, Timothy, W., ,**

Mailing Address 101 S. Whiting Street, Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Travel Taxi/Public/POV

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12128  
Amount of Each Disbursement this Period  
15.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. Swanton, Conner, N., ,**

Mailing Address 3111 Wooded Acres Drive

City Waco State TX Zip Code 76710

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12129  
Amount of Each Disbursement this Period  
190.08

Memo Item

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

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

215.88

**SCHEDULE 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Swanton, Conner, N., ,**

Mailing Address 3111 Wooded Acres Drive

City  
Waco

State  
TX

Zip Code  
76710

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2017

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-12130**  
Amount of Each Disbursement this Period  
[ ] 16.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Swanton, Conner, N., ,**

Mailing Address 3111 Wooded Acres Drive

City  
Waco

State  
TX

Zip Code  
76710

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2017

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-12131**  
Amount of Each Disbursement this Period  
[ ] 238.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. Swanton, Conner, N., ,**

Mailing Address 3111 Wooded Acres Drive

City  
Waco

State  
TX

Zip Code  
76710

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		10		2017

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-1213;**  
Amount of Each Disbursement this Period  
[ ] 23.00

Memo Item

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

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

[ ] 277.55
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[ ]
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. Swanton, Conner, N., ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 08 / 10 / 2017	
Mailing Address 3111 Wooded Acres Drive				
City Waco	State TX	Zip Code 76710		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12133 Amount of Each Disbursement this Period 150.66	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Swanton, Conner, N., ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 08 / 10 / 2017	
Mailing Address 3111 Wooded Acres Drive				
City Waco	State TX	Zip Code 76710		
Purpose of Disbursement Airline Baggage Fees		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12134 Amount of Each Disbursement this Period 15.50	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Swanton, Conner, N., ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 08 / 10 / 2017	
Mailing Address 3111 Wooded Acres Drive				
City Waco	State TX	Zip Code 76710		
Purpose of Disbursement Travel Fuel		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12131 Amount of Each Disbursement this Period 58.96	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			225.12	
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Swanton, Conner, N., ,**

Mailing Address 3111 Wooded Acres Drive

City  
Waco

State  
TX

Zip Code  
76710

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12136**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Braun, Michael, A., ,**

Mailing Address 257 Gold Street, Apt 11E

City  
Brooklyn

State  
NY

Zip Code  
11201

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12054**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Braun, Michael, A., ,**

Mailing Address 257 Gold Street, Apt 11E

City  
Brooklyn

State  
NY

Zip Code  
11201

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12051**

Amount of Each Disbursement this Period

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Braun, Michael, A., ,**

Mailing Address 257 Gold Street, Apt 11E

City  
Brooklyn

State  
NY

Zip Code  
11201

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12056**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Broderick, Janice, A., ,**

Mailing Address 450 Lexington Avenue, #162

City  
New York

State  
NY

Zip Code  
10017

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12057**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Broderick, Janice, A., ,**

Mailing Address 450 Lexington Avenue, #162

City  
New York

State  
NY

Zip Code  
10017

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-12058**  
Amount of Each Disbursement this Period

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. Broderick, Janice, A., ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 450 Lexington Avenue, #162				
City New York	State NY	Zip Code 10017		
Purpose of Disbursement Travel Taxi/Public/POV		Category/Type <input type="checkbox"/>		
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) ▼		FEC Identification Number C <b>Transaction ID : SB21B-12059</b> Amount of Each Disbursement this Period 1.83	
State: District:			<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>B. Brown, Heather, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 116 Wildwood Farm Lane				
City Shenandoah Junctio	State WV	Zip Code 25442		
Purpose of Disbursement Travel Expense		Category/Type <input type="checkbox"/>		
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) ▼		FEC Identification Number C <b>Transaction ID : SB21B-12060</b> Amount of Each Disbursement this Period 150.66	
State: District:			<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>C. Brown, Heather, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 116 Wildwood Farm Lane				
City Shenandoah Junctio	State WV	Zip Code 25442		
Purpose of Disbursement Airline Baggage Fees		Category/Type <input type="checkbox"/>		
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) ▼		FEC Identification Number C <b>Transaction ID : SB21B-12061</b> Amount of Each Disbursement this Period 31.00	
State: District:			<input type="checkbox"/> Memo Item	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			183.49	
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Brown, Heather, , ,**

Mailing Address 116 Wildwood Farm Lane

City Shenandoah Junctio State WV Zip Code 25442

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12062  
Amount of Each Disbursement this Period  
118.06

Memo Item

Full Name (Last, First, Middle Initial)

**B. Brown, Heather, , ,**

Mailing Address 116 Wildwood Farm Lane

City Shenandoah Junctio State WV Zip Code 25442

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12063  
Amount of Each Disbursement this Period  
82.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. Davidowitz, Stefanie, , ,**

Mailing Address 285 Oldfield Road

City Shavertown State PA Zip Code 18708

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B-12064  
Amount of Each Disbursement this Period  
140.72

Memo Item

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

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

341.21

**SCHEDULE 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial) <b>A. Denbo, James, R., ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 6006 Overlea Road				
City Bethesda	State MD	Zip Code 20816		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12065 Amount of Each Disbursement this Period 184.14	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Dziepak, Richard, J., , Jr.</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 604 S Washington Square, Apt 1817				
City Philadelphia	State PA	Zip Code 19106		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12066 Amount of Each Disbursement this Period 171.99	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Eckert, Brittny, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 400 South Hobart Blvd #304				
City Los Angeles	State CA	Zip Code 90020		
Purpose of Disbursement Travel Expense		Category/ Type	FEC Identification Number C	
Candidate Name			Transaction ID : SB21B-12067 Amount of Each Disbursement this Period 274.56	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			630.69	
<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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="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**

Full Name (Last, First, Middle Initial)

**A. Eckert, Brittny, , ,**

Mailing Address 400 South Hobart Blvd #304

City  
Los Angeles

State  
CA

Zip Code  
90020

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B-12068**

Amount of Each Disbursement this Period

3	3	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

		.		
--	--	---	--	--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

		.		
--	--	---	--	--

Memo Item

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

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

3	3	.	0	0
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7	1	9	6	.	1	3
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