

# 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  
Association of State Democratic Chairs

ADDRESS (number and street) 430 S. Capitol Street SE  
 Check if different than previously reported. (ACC)  
Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** C00259481  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of DC

5. Covering Period 10 14 2010 through 11 22 2010

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 Ann Fishman

Signature of Treasurer Electronically Filed by Ann Fishman Date 12 02 2010

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

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee has very limited administrative expenses because it contracts for services and does not maintain an office or staff. What administrative costs it does incur are primarily, if not exclusively, for travel and meeting expenses. These limited administrative costs are fully disclosed on its reports.

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

Write or Type Committee Name  
Association of State Democratic Chairs

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		28771.59
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	44913.42									
(c) Total Receipts (from Line 19) .....	11891.11	194583.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56804.53	223355.01								
7. Total Disbursements (from Line 31) .....	10052.67	176603.15								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46751.86	46751.86								
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  
Association of State Democratic Chairs

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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 .....	100.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	100.00	500.00
(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) .....	100.00	500.00
12. Transfers From Affiliated/Other Party Committees .....	11791.11	189332.32
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	4751.10
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)) .....	11891.11	194583.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11891.11	194583.42

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9012.68	172232.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9012.68	172232.81
22. Transfers to Affiliated/Other Party Committees.....	1039.99	4370.34
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))..	10052.67	176603.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10052.67	176603.15

**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) .....	100.00	500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100.00	500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9012.68	172232.81
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	4751.10
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9012.68	167481.71

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 16  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Association of State Democratic Chairs

**A.** Full Name (Last, First, Middle Initial)  
ASDC Joint Victory Account

Mailing Address 430 South Capitol Street

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 ▼ 616.11

Date of Receipt: 10 / 28 / 2010  
**Transaction ID:** 12-01-02387-04727  
Amount of Each Receipt this Period: 616.11

**B.** Full Name (Last, First, Middle Initial)  
Colorado Democratic Party

Mailing Address 770 Grant Street, Ste. 200

City Denver State CO Zip Code 80203

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt: 11 / 16 / 2010  
**Transaction ID:** 12-01-02393-04733  
Amount of Each Receipt this Period: 1575.00

**C.** Full Name (Last, First, Middle Initial)  
Maryland Democratic Party

Mailing Address 33 West Street, Suite 220

City Annapolis State MD Zip Code 21401

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt: 11 / 16 / 2010  
**Transaction ID:** 12-01-02393-04736  
Amount of Each Receipt this Period: 1800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3991.11

**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 / 16  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Association of State Democratic Chairs

**A.** Full Name (Last, First, Middle Initial)  
Arizona Democratic Party

Mailing Address 1329 2910 North Central Ave.

City State Zip Code  
Phoenix AZ 85012

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2010

**Transaction ID:** 12-01-02393-04737

Amount of Each Receipt this Period  
1800.00

**B.** Full Name (Last, First, Middle Initial)  
Massachusetts Democratic Party

Mailing Address 133 Portland St., 5th Floor

City State Zip Code  
Boston MA 02114

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4500.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2010

**Transaction ID:** 12-01-02393-04738

Amount of Each Receipt this Period  
2250.00

**C.** Full Name (Last, First, Middle Initial)  
California Democratic Party

Mailing Address 911 20th Street, Suite 100

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2010

**Transaction ID:** 12-01-02393-04739

Amount of Each Receipt this Period  
3750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7800.00**

**TOTAL** This Period (last page this line number only) ..... ► **11791.11**

**SCHEDULE 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)  
Association of State Democratic Chairs

<b>A.</b>	Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 114  City Newark State NJ Zip Code 07101-0114  Purpose of Disbursement Credit Card Payment - See Memo Items 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: 21b-01-02396-0000 Date of Disbursement 10 / 28 / 2010  Amount of Each Disbursement this Period 2174.46  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Providence Biltmore  Mailing Address 11 Dorrance Street  City Providence State RI Zip Code 02903  Purpose of Disbursement Lodging 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: 21b-01-02396-04745 Date of Disbursement 10 / 28 / 2010  Amount of Each Disbursement this Period 361.01  [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services  Mailing Address 1155 Connecticut Avenue, NW  City Washington State DC Zip Code 20036  Purpose of Disbursement Transportation 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: 21b-01-02396-04740 Date of Disbursement 10 / 28 / 2010  Amount of Each Disbursement this Period 105.00  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2174.46
<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)  
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) James P. Walsh Sedan Services	Transaction ID: 21b-01-02396-04741
	Mailing Address 1155 Connecticut Avenue, NW	Date of Disbursement 10 / 28 / 2010
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period 95.00
	Purpose of Disbursement Transportation 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]

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 21b-01-02396-04742
	Mailing Address PO Box 36647	Date of Disbursement 10 / 28 / 2010
	City Dallas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period 264.40
	Purpose of Disbursement Transportation 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]

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02396-04743
	Mailing Address PO Box 114	Date of Disbursement 10 / 28 / 2010
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period 14.99
	Purpose of Disbursement Travel Insurance 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]

<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)  
Association of State Democratic Chairs

<p><b>A.</b> Full Name (Last, First, Middle Initial) Omni Hotels - Corporate</p> <p>Mailing Address 420 Decker Drive</p> <p>City Irving State TX Zip Code 75062</p> <p>Purpose of Disbursement Lodging</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> 21b-01-02396-04746</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">530.62</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	1	0	530.62
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	8	/	2	0	1	0													
530.62																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address PO Box 36647</p> <p>City Dallas State TX Zip Code 75235-1647</p> <p>Purpose of Disbursement Transportation</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> 21b-01-02396-04747</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">146.70</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	1	0	146.70
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	8	/	2	0	1	0													
146.70																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 114</p> <p>City Newark State NJ Zip Code 07101-0114</p> <p>Purpose of Disbursement Membership Fee</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> 21b-01-02396-04753</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">75.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	8	/	2	0	1	0	75.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	8	/	2	0	1	0													
75.00																						

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<table border="1"> <tr> <td style="font-size: 1.2em;">0.00</td> </tr> </table>	0.00
0.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1"> <tr> <td style="height: 20px;"> </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)  
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 21b-01-02396-04749
	Mailing Address PO Box 36647	Date of Disbursement 10 / 28 / 2010
	City Dallas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Transportation Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input 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 Dalton Bookstore - Corporate	Transaction ID: 21b-01-02396-04750
	Mailing Address 1400 Old Country Road	Date of Disbursement 10 / 28 / 2010
	City Westbury State NY Zip Code 11590	Amount of Each Disbursement this Period 27.56
	Purpose of Disbursement Books Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input 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 Airlines	Transaction ID: 21b-01-02396-04751
	Mailing Address DFW International Airport	Date of Disbursement 10 / 28 / 2010
	City Dallas State TX Zip Code 75261	Amount of Each Disbursement this Period 474.20
	Purpose of Disbursement Transportation Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input 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) .....	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)  
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02396-04752 Date of Disbursement
	Mailing Address PO Box 114	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Insurance	<input type="text" value="14.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 21b-01-02396-04748 Date of Disbursement
	Mailing Address PO Box 114	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Newark State NJ Zip Code 07101-0114	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Insurance	<input type="text" value="14.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Jennie Blackton	Transaction ID: 21b-01-02383-04723 Date of Disbursement
	Mailing Address 2547 North Buena Vista	<input type="text" value="11"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Burbank State CA Zip Code 91504	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Consultant	<input type="text" value="1000.00"/>
	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="1000.00"/>
<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)

<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)  
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) Nexus Strategies, Inc	Transaction ID: 21b-01-02384-04724 Date of Disbursement 11 / 08 / 2010
	Mailing Address 434 Fayetteville Street Suite 2020	Amount of Each Disbursement this Period 1000.00
	City Raleigh State NC Zip Code 27601	
	Purpose of Disbursement Consulting Fees	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) Perkins Coie LLP	Transaction ID: 21b-01-02385-04725 Date of Disbursement 11 / 08 / 2010
	Mailing Address 1201 Third Avenue, 40th Floor	Amount of Each Disbursement this Period 4050.85
	City Seattle State WA Zip Code 98101-3099	
	Purpose of Disbursement Legal Services	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) Geneva C. Jones	Transaction ID: 21b-01-02389-04729 Date of Disbursement 11 / 12 / 2010
	Mailing Address 6711 Weston Avenue	Amount of Each Disbursement this Period 250.00
	City Capitol Heights State MD Zip Code 20743	
	Purpose of Disbursement Travel Stipend	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) .....	5300.85
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Association of State Democratic Chairs

A.

Full Name (Last, First, Middle Initial)  
Sean Doyle

Mailing Address 40 Hillcroft Rd

City Manchester State NH Zip Code 03104

Purpose of Disbursement  
Travel Stipend

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-02390-04730  
Date of Disbursement

11 / 12 / 2010

Amount of Each Disbursement this Period

250.00

B.

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

Mailing Address 10212 Windsor View

City Potomac State MD Zip Code 20854

Purpose of Disbursement  
Travel Stipend

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 21b-01-02391-04731  
Date of Disbursement

11 / 12 / 2010

Amount of Each Disbursement this Period

250.00

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

500.00

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

8975.31

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Association of State Democratic Chairs

A.	Full Name (Last, First, Middle Initial) Hawaii Democratic Party	Transaction ID: 22-01-02378-04677
	Mailing Address 404 Ward Ave., #201	Date of Disbursement 10 / 18 / 2010
	City Honolulu State HI Zip Code 96814	Amount of Each Disbursement this Period 1039.99
	Purpose of Disbursement	
	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) Vermont Democratic Party	Transaction ID: 22-01-02388-04728
	Mailing Address 29 Main Street	Date of Disbursement 11 / 10 / 2010
	City Montpelier State VT Zip Code 05601	Amount of Each Disbursement this Period 254.55
	Purpose of Disbursement	
	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) Vermont Democratic Party	Transaction ID: 22-01-02397-04754
	Mailing Address 29 Main Street	Date of Disbursement 11 / 22 / 2010
	City Montpelier State VT Zip Code 05601	Amount of Each Disbursement this Period -254.55
	Purpose of Disbursement	
	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) .....	▶	1039.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1039.99