

# 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  
DC DEMOCRATIC STATE COMMITTEE

ADDRESS (number and street) 3539 T Street NW  
 Check if different than previously reported. (ACC)  
Washington DC 20007

2. **FEC IDENTIFICATION NUMBER** C00295964  
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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2010 through 03 31 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 Treasurer Daniel Wedderburn

Signature of Treasurer Electronically Filed by Treasurer Daniel Wedderburn Date 04 15 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)

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

Write or Type Committee Name  
DC DEMOCRATIC STATE COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

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		19956.31
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	19956.31									
(c) Total Receipts (from Line 19) .....	6226.06	6226.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	26182.37	26182.37								
7. Total Disbursements (from Line 31) .....	7078.47	7078.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19103.90	19103.90								
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  
DC DEMOCRATIC STATE COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

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 .....	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 .....	6216.31	6216.31
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	9.75	9.75
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)) .....	6226.06	6226.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6226.06	6226.06

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6078.00	6078.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6078.00	6078.00
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 Expenditure (use Schedule E) .....	1000.47	1000.47
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))..	7078.47	7078.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7078.47	7078.47

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6078.00	6078.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6078.00	6078.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 9
	<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)  
DC DEMOCRATIC STATE COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) ASDC PARTNERSHIP PROGRAM	Date of Receipt MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 430 South Capitol Street	<b>Transaction ID:</b> SA12.4105
	City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 138.31
	FEC ID number of contributing federal political committee. <b>C</b> C00402404	AFFINITY PROGRAM
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 138.31	

<b>B.</b>	Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE	Date of Receipt MM / DD / YYYY 01 / 05 / 2010
	Mailing Address 430 S. CAPITOL STREET S.E.	<b>Transaction ID:</b> SA12.4110
	City State Zip Code WASHINGTON DC 20003	Amount of Each Receipt this Period 2026.00
	FEC ID number of contributing federal political committee. <b>C</b> C00010603	In-kind - Online Voter File Access
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2026.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE	Date of Receipt MM / DD / YYYY 02 / 06 / 2010
	Mailing Address 430 S. CAPITOL STREET S.E.	<b>Transaction ID:</b> SA12.4113
	City State Zip Code WASHINGTON DC 20003	Amount of Each Receipt this Period 2026.00
	FEC ID number of contributing federal political committee. <b>C</b> C00010603	In-kind - Online Voter File Access
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4052.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4190.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 9  
(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)  
DC DEMOCRATIC STATE COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE

Mailing Address 430 S. CAPITOL STREET S.E.

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6078.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2010

Transaction ID: SA12.4115

Amount of Each Receipt this Period  
2026.00

In-kind - Online Voter File Access

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2026.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6216.31

**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)

<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

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)  
DC DEMOCRATIC STATE COMMITTEE

A.	Full Name (Last, First, Middle Initial) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE	Transaction ID: SB21B.4112
	Mailing Address 430 S. CAPITOL STREET S.E.	Date of Disbursement 01 / 05 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2026.00
	Purpose of Disbursement In-kind - Online Voter File Access	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) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE	Transaction ID: SB21B.4114
	Mailing Address 430 S. CAPITOL STREET S.E.	Date of Disbursement 02 / 06 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2026.00
	Purpose of Disbursement In-kind - Online Voter File Access	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) DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMITTEE	Transaction ID: SB21B.4116
	Mailing Address 430 S. CAPITOL STREET S.E.	Date of Disbursement 03 / 05 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2026.00
	Purpose of Disbursement In-kind - Online Voter File Access	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6078.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6078.00</b>



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) DC DEMOCRATIC STATE COMMITTEE	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00295964
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
DELUXE FOR BUSINESS

Date  
M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Mailing Address  
PO BOX 742572

Amount  
94.58

City State Zip Code  
CINCINNATI OH 45274-2572

**Transaction ID:** SE.4108  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
NEW CHECK BOOK 001

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought  
1000.47

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

Date  
M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

Mailing Address  
305 K Street SE

Amount  
905.89

City State Zip Code  
Washington DC 20003

**Transaction ID:** SE.4098  
Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 Presidential

Purpose of Expenditure Category/Type  
reimbursement for DNC Meeting. 002

Check One:  Support  Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought  
905.89

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>1000.47</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> Independent Expenditures .....	<b>1000.47</b>

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

Treasurer Daniel Wedderburn  
Signature

Date M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 0