

# 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 (N) OR AMENDED (A) [X]

### 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 Year-End 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 [MM] / [DD] / [YYYY] in the State of [ ]
- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)
- Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [04] / [01] / [2012] through [04] / [30] / [2012]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Andrew Tobias

Signature of Treasurer Andrew Tobias [Electronically Filed] Date 08 / 09 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		874247.35
(b) Cash on Hand at Beginning of Reporting Period.....	950229.17	
(c) Total Receipts (from Line 19) .....	84867.86	819699.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1035097.03	1693946.47
7. Total Disbursements (from Line 31).....	177588.67	836438.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	857508.36	857508.36
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 04 / 30 / 2012

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).....	84867.86	819699.12
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))..... ▶	84867.86	819699.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	84867.86	819699.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	177588.67	836438.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	177588.67	836438.11
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 (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) 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)) ..	177588.67	836438.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	177588.67	836438.11

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)) .....	177588.67	836438.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	84867.86	819699.12
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	92720.81	16738.99

**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 OF 124
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Obama Victory Fund 2012</b>		Date of Receipt
Mailing Address PO Box 8102		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60680
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA15-4888</b>
<input type="text" value="C"/> <input type="text" value="C00494740"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="6743.65"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507682.43"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Minnesota Senate Victory Committee 2012</b>		Date of Receipt
Mailing Address PO Box 4146		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Saint Paul	MN	55104
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA15-4889</b>
<input type="text" value="C"/> <input type="text" value=""/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="23500.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="23500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Obama Victory Fund 2012</b>		Date of Receipt
Mailing Address PO Box 8102		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60680
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA15-4893</b>
<input type="text" value="C"/> <input type="text" value="C00494740"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="4432.62"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="507682.43"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="34676.27"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 7 OF 124
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
939.24

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 17 / 2012

**Transaction ID : SA15-4890**

Amount of Each Receipt this Period  
939.24

Full Name (Last, First, Middle Initial)  
**B. Obama Victory Fund 2012**

Mailing Address PO Box 8102

City Chicago State IL Zip Code 60680

FEC ID number of contributing federal political committee. **C** C00494740

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507682.43

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2012

**Transaction ID : SA15-4894**

Amount of Each Receipt this Period  
4152.62

Full Name (Last, First, Middle Initial)  
**C. Boxer Victory Fund**

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4551.58

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2012

**Transaction ID : SA15-4891**

Amount of Each Receipt this Period  
4551.58

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9643.44
<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: (check only one)	PAGE 8 OF 124
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Obama for America</b>		Date of Receipt
Mailing Address PO Box 8102		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60680
FEC ID number of contributing federal political committee.	<input type="text" value="C00431445"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="202625.58"/>	
		Transaction ID : SA15-4895
		Amount of Each Receipt this Period <input type="text" value="13762.97"/>

Full Name (Last, First, Middle Initial) <b>B. Obama Victory Fund 2012</b>		Date of Receipt
Mailing Address PO Box 8102		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60680
FEC ID number of contributing federal political committee.	<input type="text" value="C00494740"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="507682.43"/>	
		Transaction ID : SA15-4896
		Amount of Each Receipt this Period <input type="text" value="4785.18"/>

Full Name (Last, First, Middle Initial) <b>C. Christie Vilsack for Iowa, Inc.</b>		Date of Receipt
Mailing Address PO Box 641		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ames	IA	50010
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="22000.00"/>	
		Transaction ID : SA15-4892
		Amount of Each Receipt this Period <input type="text" value="22000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40548.15"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="84867.86"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Patrick Bauer**

Mailing Address 82 Sea Cliff Avenue

City Sea Cliff State NY Zip Code 11579

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4419**

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Patrick Bauer**

Mailing Address 82 Sea Cliff Avenue

City Sea Cliff State NY Zip Code 11579

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4420**

Amount of Each Disbursement this Period

112.25

Full Name (Last, First, Middle Initial)

**C. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

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  
04 / 04 / 2012

**Transaction ID : SB21B-4421**

Amount of Each Disbursement this Period

25.00

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

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

1037.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4422**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4423**

Amount of Each Disbursement this Period

40.90

Full Name (Last, First, Middle Initial)

**C. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

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  
04 / 04 / 2012

**Transaction ID : SB21B-4424**

Amount of Each Disbursement this Period

91.10

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

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

932.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4425**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4426**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4427**

Amount of Each Disbursement this Period

25.00

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

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

675.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4428**

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**B. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4429**

Amount of Each Disbursement this Period

139.00
--------

Full Name (Last, First, Middle Initial)

**C. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4430**

Amount of Each Disbursement this Period

39.00
-------

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

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

878.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

## DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

**A. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Event Preparation Materials

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

Transaction ID : SB21B-4431

Amount of Each Disbursement this Period

6.16
------

Full Name (Last, First, Middle Initial)

**B. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

Transaction ID : SB21B-4432

Amount of Each Disbursement this Period

4.00
------

Full Name (Last, First, Middle Initial)

**C. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

Transaction ID : SB21B-4433

Amount of Each Disbursement this Period

700.00
--------

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

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

710.16
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4434**

Amount of Each Disbursement this Period

61.00

Full Name (Last, First, Middle Initial)

**B. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4435**

Amount of Each Disbursement this Period

46.75

Full Name (Last, First, Middle Initial)

**C. Justin Cohen**

Mailing Address 6906 W. 129th Place

City Overland Park State KS Zip Code 66209

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4436**

Amount of Each Disbursement this Period

15.00

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

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

122.75

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Lennon Duggan**

Mailing Address 1940 15th Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4437**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Lennon Duggan**

Mailing Address 1940 15th Street NW

City Washington State DC Zip Code 20009

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  
04 / 04 / 2012

**Transaction ID : SB21B-4438**

Amount of Each Disbursement this Period

45.13

Full Name (Last, First, Middle Initial)

**C. Lennon Duggan**

Mailing Address 1940 15th Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Event Preparation Materials

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4439**

Amount of Each Disbursement this Period

2.50

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

647.63

**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	<b>FOR LINE NUMBER:</b> (check only one)			PAGE 16 OF 124		
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Lennon Duggan</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2012
Mailing Address 1940 15th Street NW			<b>Transaction ID : SB21B-4440</b>
City Washington	State DC	Zip Code 20009	
Purpose of Disbursement Airline Baggage Fees		Category/ Type	
Candidate Name			Amount of Each Disbursement this Period 792.00
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. Lennon Duggan</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2012
Mailing Address 1940 15th Street NW			<b>Transaction ID : SB21B-4441</b>
City Washington	State DC	Zip Code 20009	
Purpose of Disbursement Advance Team Stipend		Category/ Type	
Candidate Name			Amount of Each Disbursement this Period 700.00
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. Lennon Duggan</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2012
Mailing Address 1940 15th Street NW			<b>Transaction ID : SB21B-4442</b>
City Washington	State DC	Zip Code 20009	
Purpose of Disbursement Travel Local		Category/ Type	
Candidate Name			Amount of Each Disbursement this Period 42.00
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)..... ▶	792.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Lennon Duggan**

Mailing Address 1940 15th Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4443**

Amount of Each Disbursement this Period

59.95
-------

Full Name (Last, First, Middle Initial)

**B. Lennon Duggan**

Mailing Address 1940 15th Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4444**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. Richard Dziepak**

Mailing Address 159 Essex Street, Apt B

City New York State NY Zip Code 10002

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4445**

Amount of Each Disbursement this Period

400.00
--------

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

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

474.95
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Arthur Lee Fentress**

Mailing Address 2822 Ocean Avenue

City Venice State CA Zip Code 90291

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4446**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Tanya Leigh Flores**

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

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  
04 / 04 / 2012

**Transaction ID : SB21B-4447**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Tanya Leigh Flores**

Mailing Address 1838 Alsace Avenue

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4448**

Amount of Each Disbursement this Period

600.00

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

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

1650.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Reginald Hubbard**

Mailing Address 8258 Portsmouth Drive

City State Zip Code  
Severn MD 21144

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4449**

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Reginald Hubbard**

Mailing Address 8258 Portsmouth Drive

City State Zip Code  
Severn MD 21144

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  
04 / 04 / 2012

**Transaction ID : SB21B-4450**

Amount of Each Disbursement this Period

60.76

Full Name (Last, First, Middle Initial)

**C. BETSY LAVENDER**

Mailing Address 1201 North Pierce, Condo 19

City State Zip Code  
Little Rock AR 72207

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4451**

Amount of Each Disbursement this Period

700.00

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

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

1660.76

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4452**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4453**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4454**

Amount of Each Disbursement this Period

74.39

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

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

824.39

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4455**

Amount of Each Disbursement this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Margaret Lozier**

Mailing Address 330 Tonwanda Drive

City Des Moines State IA Zip Code 50312

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4456**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Margaret Lozier**

Mailing Address 330 Tonwanda Drive

City Des Moines State IA Zip Code 50312

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4457**

Amount of Each Disbursement this Period

45.28

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

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

829.28

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Margaret Lozier**

Mailing Address 330 Tonwanda Drive

City State Zip Code  
Des Moines IA 50312

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4458**

Amount of Each Disbursement this Period

3	4	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Markey for Congress Committee**

Mailing Address P.O. Box 526

City State Zip Code  
Medford MA 02155

Purpose of Disbursement  
Refund of Travel Deposit

Candidate Name

**Markey for Congress Committee**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4459**

Amount of Each Disbursement this Period

8	3	9	.	1	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. GREG MAYS**

Mailing Address PO BOX 25153

City State Zip Code  
WASHINGTON DC 20007

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4460**

Amount of Each Disbursement this Period

5	0	.	0	0
---	---	---	---	---

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

9	2	3	.	1	2
---	---	---	---	---	---

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

9	2	3	.	1	2
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. GREG MAYS**

Mailing Address PO BOX 25153

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

Transaction ID : SB21B-4461

Amount of Each Disbursement this Period

700.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. GREG MAYS**

Mailing Address PO BOX 25153

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

Transaction ID : SB21B-4462

Amount of Each Disbursement this Period

68.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Kathryn Minor**

Mailing Address 1323 28th Street, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

Transaction ID : SB21B-4463

Amount of Each Disbursement this Period

50.00

Category/  
Type

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

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

818.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Kathryn Minor**

Mailing Address 1323 28th Street, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4464**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**B. Kathryn Minor**

Mailing Address 1323 28th Street, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4465**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Kathryn Minor**

Mailing Address 1323 28th Street, NW

City Washington State DC Zip Code 20007

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  
04 / 04 / 2012

**Transaction ID : SB21B-4466**

Amount of Each Disbursement this Period

82.61

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

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

1582.61



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Kathryn Minor**

Mailing Address 1323 28th Street, NW

City Washington State DC Zip Code 20007

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  
04 / 04 / 2012

Transaction ID : SB21B-4467

Amount of Each Disbursement this Period

42.00

Full Name (Last, First, Middle Initial)

**B. Jaime Moore**

Mailing Address 1451 Walz Avenue

City Glenwood Springs State CO Zip Code 81601

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

Transaction ID : SB21B-4468

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**C. Valentine Sanders**

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

City New York State NY Zip Code 10028

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

Transaction ID : SB21B-4495

Amount of Each Disbursement this Period

600.00

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

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

1442.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Valentine Sanders**

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

City New York State NY Zip Code 10028

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4496**

Amount of Each Disbursement this Period

31.45

Full Name (Last, First, Middle Initial)

**B. Erin Sandknop**

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4497**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Erin Sandknop**

Mailing Address 19401 Stacey Court

City Boonville State MO Zip Code 65233

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4498**

Amount of Each Disbursement this Period

142.08

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

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

873.53

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Lindsay Scola**

Mailing Address 450 W. Melrose Street, Apr 341

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Event Preparation Materials

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
04		04		2012

**Transaction ID : SB21B-4499**

Amount of Each Disbursement this Period

666.39
--------

Full Name (Last, First, Middle Initial)

**B. Lindsay Scola**

Mailing Address 450 W. Melrose Street, Apr 341

City Chicago State IL Zip Code 60657

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
04		04		2012

**Transaction ID : SB21B-4500**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. Lindsay Scola**

Mailing Address 450 W. Melrose Street, Apr 341

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Advance Team Stipend

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
04		04		2012

**Transaction ID : SB21B-4501**

Amount of Each Disbursement this Period

600.00
--------

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

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

666.39
--------

666.39
--------

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Lindsay Scola**

Mailing Address 450 W. Melrose Street, Apr 341

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4502**

Amount of Each Disbursement this Period

45.41
-------

Full Name (Last, First, Middle Initial)

**B. Lindsay Scola**

Mailing Address 450 W. Melrose Street, Apr 341

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4503**

Amount of Each Disbursement this Period

2.25
------

Full Name (Last, First, Middle Initial)

**C. Lindsay Scola**

Mailing Address 450 W. Melrose Street, Apr 341

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4504**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

72.66
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Lindsay Scola**

Mailing Address 450 W. Melrose Street, Apr 341

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

Transaction ID : SB21B-4505

Amount of Each Disbursement this Period

700.00

**B. Lindsay Scola**

Mailing Address 450 W. Melrose Street, Apr 341

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

Transaction ID : SB21B-4506

Amount of Each Disbursement this Period

89.77

**C. Lindsay Scola**

Mailing Address 450 W. Melrose Street, Apr 341

City Chicago State IL Zip Code 60657

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

Transaction ID : SB21B-4507

Amount of Each Disbursement this Period

2.00

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

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

791.77

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Charles Segars**

Mailing Address 10334 Glenbarr Avenue

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4508**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4509**

Amount of Each Disbursement this Period

2.00
------

Full Name (Last, First, Middle Initial)

**C. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4510**

Amount of Each Disbursement this Period

25.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

527.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4511**

Amount of Each Disbursement this Period

900.00

**B. James Slider**

Full Name (Last, First, Middle Initial)

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4512**

Amount of Each Disbursement this Period

20.00

**C. Kimble Snyder**

Full Name (Last, First, Middle Initial)

Mailing Address 10-1/2 Hancock Street, #1

City Charlestown State MA Zip Code 02129

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4513**

Amount of Each Disbursement this Period

700.00

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

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

1620.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

### A. John Toohey

Mailing Address 15 Cranston Street, Apt C

City Boston State MA Zip Code 02130

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

Transaction ID : SB21B-4514

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

### B. John Toohey

Mailing Address 15 Cranston Street, Apt C

City Boston State MA Zip Code 02130

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  
04 / 04 / 2012

Transaction ID : SB21B-4515

Amount of Each Disbursement this Period

172.35

Full Name (Last, First, Middle Initial)

### C. John Toohey

Mailing Address 15 Cranston Street, Apt C

City Boston State MA Zip Code 02130

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  
04 / 04 / 2012

Transaction ID : SB21B-4516

Amount of Each Disbursement this Period

14.00

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

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

886.35



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Christopher Mussett**

Mailing Address 3814 Washington Avenue

City Des Moines State IA Zip Code 50310

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4517**

Amount of Each Disbursement this Period

18.03
-------

Full Name (Last, First, Middle Initial)

**B. Christopher Mussett**

Mailing Address 3814 Washington Avenue

City Des Moines State IA Zip Code 50310

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4518**

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**C. Christopher Mussett**

Mailing Address 3814 Washington Avenue

City Des Moines State IA Zip Code 50310

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4519**

Amount of Each Disbursement this Period

52.00
-------

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

770.03
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. JENNIFER POLENZANI**

Mailing Address 7918 Electra Drive

City Los Angeles State CA Zip Code 90046

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4520**

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. JENNIFER POLENZANI**

Mailing Address 7918 Electra Drive

City Los Angeles State CA Zip Code 90046

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4521**

Amount of Each Disbursement this Period

72.00

Full Name (Last, First, Middle Initial)

**C. JENNIFER POLENZANI**

Mailing Address 7918 Electra Drive

City Los Angeles State CA Zip Code 90046

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4522**

Amount of Each Disbursement this Period

25.00

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

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

997.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Stacy Porto**

Mailing Address 104 E 69th Street

City Kansas City State MO Zip Code 64113

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4523**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Stacy Porto**

Mailing Address 104 E 69th Street

City Kansas City State MO Zip Code 64113

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4524**

Amount of Each Disbursement this Period

70.96

Full Name (Last, First, Middle Initial)

**C. Stacy Porto**

Mailing Address 104 E 69th Street

City Kansas City State MO Zip Code 64113

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4525**

Amount of Each Disbursement this Period

105.00

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

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

675.96

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. JESSE J ROSEN**

Mailing Address 1045 W. County Line Road

City Bayside State WI Zip Code 53217

Purpose of Disbursement  
Event Preparation Materials

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
04		04		2012

**Transaction ID : SB21B-4526**

Amount of Each Disbursement this Period

6.17
------

Full Name (Last, First, Middle Initial)

**B. JESSE J ROSEN**

Mailing Address 1045 W. County Line Road

City Bayside State WI Zip Code 53217

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
04		04		2012

**Transaction ID : SB21B-4527**

Amount of Each Disbursement this Period

49.32
-------

Full Name (Last, First, Middle Initial)

**C. JESSE J ROSEN**

Mailing Address 1045 W. County Line Road

City Bayside State WI Zip Code 53217

Purpose of Disbursement  
Advance Team Stipend

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
04		04		2012

**Transaction ID : SB21B-4528**

Amount of Each Disbursement this Period

900.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

955.49
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. JESSE J ROSEN**

Mailing Address 1045 W. County Line Road

City Bayside State WI Zip Code 53217

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4529**

Amount of Each Disbursement this Period

104.00

Full Name (Last, First, Middle Initial)

**B. Nila Roshan**

Mailing Address 103 Windward Court

City Stevensville State MD Zip Code 21666

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4530**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Nila Roshan**

Mailing Address 103 Windward Court

City Stevensville State MD Zip Code 21666

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4531**

Amount of Each Disbursement this Period

100.00

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

904.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Nila Roshan**

Mailing Address 103 Windward Court

City State Zip Code  
Stevensville MD 21666

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4532**

Amount of Each Disbursement this Period

32.11
-------

Full Name (Last, First, Middle Initial)

**B. William Russo**

Mailing Address 2701 Connecticut Ave., NW, Apt 407

City State Zip Code  
Washington DC 20008

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4533**

Amount of Each Disbursement this Period

2.87
------

Full Name (Last, First, Middle Initial)

**C. William Russo**

Mailing Address 2701 Connecticut Ave., NW, Apt 407

City State Zip Code  
Washington DC 20008

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4534**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

84.98
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. William Russo**

Mailing Address 2701 Connecticut Ave., NW, Apt 407

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4535**

Amount of Each Disbursement this Period

900.00

**B. William Russo**

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Connecticut Ave., NW, Apt 407

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4536**

Amount of Each Disbursement this Period

20.00

**C. William Russo**

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Connecticut Ave., NW, Apt 407

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4537**

Amount of Each Disbursement this Period

40.93

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

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

960.93

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Denielle Sachs**

Mailing Address 1629 Columbis Rd, NW, Apt 704

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4538**

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**B. Denielle Sachs**

Mailing Address 1629 Columbis Rd, NW, Apt 704

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4539**

Amount of Each Disbursement this Period

93.00
-------

Full Name (Last, First, Middle Initial)

**C. Valentine Sanders**

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4540**

Amount of Each Disbursement this Period

9.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

802.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Valentine Sanders**

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

City New York State NY Zip Code 10028

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4541**

Amount of Each Disbursement this Period

800.00

**B. Valentine Sanders**

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4542**

Amount of Each Disbursement this Period

30.87

**C. Edward Allen**

Full Name (Last, First, Middle Initial)

Mailing Address 818 N Harper Avenue

City Los Angeles State CA Zip Code 90046

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4543**

Amount of Each Disbursement this Period

400.00

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

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

1230.87

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Edward Allen**

Mailing Address 818 N Harper Avenue

City Los Angeles State CA Zip Code 90046

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  
04 / 04 / 2012

**Transaction ID : SB21B-4544**

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Taylor Barnes**

Mailing Address 2020 F Street, NW, Apt 516

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4545**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Anie Borja**

Mailing Address 1100 1st Street, SE, Apt 811

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4546**

Amount of Each Disbursement this Period

700.00

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

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

1520.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Anie Borja**

Mailing Address 1100 1st Street, SE, Apt 811

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4547**

Amount of Each Disbursement this Period

34.00
-------

Full Name (Last, First, Middle Initial)

**B. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4548**

Amount of Each Disbursement this Period

40.04
-------

Full Name (Last, First, Middle Initial)

**C. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4549**

Amount of Each Disbursement this Period

3.78
------

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

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

77.82
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4550**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4551**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. KRISTOPHER CURTIS**

Mailing Address 7677 West Paradise Lane  
Suite 1138

City Peoria State AZ Zip Code 85382

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4552**

Amount of Each Disbursement this Period

25.00

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

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

775.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. KRISTOPHER CURTIS**

Mailing Address 7677 West Paradise Lane  
Suite 1138

City Peoria State AZ Zip Code 85382

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4553**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B. KRISTOPHER CURTIS**

Mailing Address 7677 West Paradise Lane  
Suite 1138

City Peoria State AZ Zip Code 85382

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4554**

Amount of Each Disbursement this Period

61.36

Full Name (Last, First, Middle Initial)

**C. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4555**

Amount of Each Disbursement this Period

700.00

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

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

1461.36

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4556**

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

**B. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4557**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4558**

Amount of Each Disbursement this Period

53.28

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

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

808.28

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4559**

Amount of Each Disbursement this Period

1	3	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4560**

Amount of Each Disbursement this Period

6	.	0	9
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4561**

Amount of Each Disbursement this Period

7	0	0	.	0	0
---	---	---	---	---	---

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

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

7	1	9	.	0	9
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7	1	9	.	0	9
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4562**

Amount of Each Disbursement this Period

85.00
-------

Full Name (Last, First, Middle Initial)

**B. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4563**

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**C. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4564**

Amount of Each Disbursement this Period

110.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

865.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. THOMAS GRIFFIN**

Mailing Address 56 Londonderry Road

City Marblehead State MA Zip Code 01945

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4565**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B. THOMAS GRIFFIN**

Mailing Address 56 Londonderry Road

City Marblehead State MA Zip Code 01945

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  
04 / 04 / 2012

**Transaction ID : SB21B-4566**

Amount of Each Disbursement this Period

46.00

Full Name (Last, First, Middle Initial)

**C. BENJAMIN S HANDFORD**

Mailing Address 439 Grandview Court

City Farmington State AR Zip Code 72730

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  
04 / 04 / 2012

**Transaction ID : SB21B-4567**

Amount of Each Disbursement this Period

25.00

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

771.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. BENJAMIN S HANDFORD**

Mailing Address 439 Grandview Court

City Farmington State AR Zip Code 72730

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4568**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. BENJAMIN S HANDFORD**

Mailing Address 439 Grandview Court

City Farmington State AR Zip Code 72730

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4569**

Amount of Each Disbursement this Period

32.19
-------

Full Name (Last, First, Middle Initial)

**C. BENJAMIN S HANDFORD**

Mailing Address 439 Grandview Court

City Farmington State AR Zip Code 72730

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4570**

Amount of Each Disbursement this Period

35.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

567.19
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Aaron Jacobs**

Mailing Address 2 Bethel Road

City Scarsdale State NY Zip Code 10583

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4571**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Aaron Jacobs**

Mailing Address 2 Bethel Road

City Scarsdale State NY Zip Code 10583

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  
04 / 04 / 2012

**Transaction ID : SB21B-4572**

Amount of Each Disbursement this Period

32.91

Full Name (Last, First, Middle Initial)

**C. Aaron Jacobs**

Mailing Address 2 Bethel Road

City Scarsdale State NY Zip Code 10583

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  
04 / 04 / 2012

**Transaction ID : SB21B-4573**

Amount of Each Disbursement this Period

99.00

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

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

831.91

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Zaina Javid**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2012

Mailing Address 1234 Massachusetts Ave., NW  
Apt. 703

**Transaction ID : SB21B-4574**

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

820.00
--------

Purpose of Disbursement  
Airline Baggage Fees

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Zaina Javid**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2012

Mailing Address 1234 Massachusetts Ave., NW  
Apt. 703

**Transaction ID : SB21B-4575**

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

700.00
--------

Purpose of Disbursement  
Advance Team Stipend

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Zaina Javid**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2012

Mailing Address 1234 Massachusetts Ave., NW  
Apt. 703

**Transaction ID : SB21B-4576**

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

70.00
-------

Purpose of Disbursement  
Travel Local

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

820.00
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Zaina Javaid**

Mailing Address 1234 Massachusetts Ave., NW  
Apt. 703

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4577**

Amount of Each Disbursement this Period

26.43
-------

Full Name (Last, First, Middle Initial)

**B. DURWIN LAIRY**

Mailing Address 612 Rock Creek Church Road, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4578**

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**C. DURWIN LAIRY**

Mailing Address 612 Rock Creek Church Road, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4579**

Amount of Each Disbursement this Period

136.25
--------

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

862.68
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Rachel Landis**

Mailing Address 1656 Linkside Court N.

City Atlantic Beach State FL Zip Code 32233

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4580**

Amount of Each Disbursement this Period

85.00
-------

Full Name (Last, First, Middle Initial)

**B. Rachel Landis**

Mailing Address 1656 Linkside Court N.

City Atlantic Beach State FL Zip Code 32233

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4581**

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**C. Rachel Landis**

Mailing Address 1656 Linkside Court N.

City Atlantic Beach State FL Zip Code 32233

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2012

**Transaction ID : SB21B-4582**

Amount of Each Disbursement this Period

22.55
-------

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

807.55
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. ALI MERALI**

Mailing Address 1039 Massachusetts Ave  
Apt. 501

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4583**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B. ALI MERALI**

Mailing Address 1039 Massachusetts Ave  
Apt. 501

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4584**

Amount of Each Disbursement this Period

38.01

Full Name (Last, First, Middle Initial)

**C. ALI MERALI**

Mailing Address 1039 Massachusetts Ave  
Apt. 501

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4585**

Amount of Each Disbursement this Period

26.25

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

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

764.26

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Kathryn Minor**

Mailing Address 1323 28th Street, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Advance Team Stipend

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
04		04		2012

**Transaction ID : SB21B-4586**

Amount of Each Disbursement this Period

643.13
--------

Full Name (Last, First, Middle Initial)

**B. Erin Mulhall**

Mailing Address 2103 12th Place, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Event Preparation Materials

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
04		04		2012

**Transaction ID : SB21B-4587**

Amount of Each Disbursement this Period

3.09
------

Full Name (Last, First, Middle Initial)

**C. Erin Mulhall**

Mailing Address 2103 12th Place, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Advance Team Stipend

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
04		04		2012

**Transaction ID : SB21B-4588**

Amount of Each Disbursement this Period

600.00
--------

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

643.13
--------

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

643.13
--------



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Erin Mulhall**

Mailing Address 2103 12th Place, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4589**

Amount of Each Disbursement this Period

52.90

Full Name (Last, First, Middle Initial)

**B. Erin Mulhall**

Mailing Address 2103 12th Place, NW

City Washington State DC Zip Code 20009

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  
04 / 04 / 2012

**Transaction ID : SB21B-4590**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Sarah M. Murphy**

Mailing Address 302 12th Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4591**

Amount of Each Disbursement this Period

600.00

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

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

677.90

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Christopher Mussett**

Mailing Address 3814 Washington Avenue

City Des Moines State IA Zip Code 50310

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4592**

Amount of Each Disbursement this Period

6.00
------

Full Name (Last, First, Middle Initial)

**B. Christopher Mussett**

Mailing Address 3814 Washington Avenue

City Des Moines State IA Zip Code 50310

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4593**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. Christopher Mussett**

Mailing Address 3814 Washington Avenue

City Des Moines State IA Zip Code 50310

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4594**

Amount of Each Disbursement this Period

600.00
--------

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

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

656.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Christopher Mussett**

Mailing Address 3814 Washington Avenue

City Des Moines State IA Zip Code 50310

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4595**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Christopher Mussett**

Mailing Address 3814 Washington Avenue

City Des Moines State IA Zip Code 50310

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  
04 / 04 / 2012

**Transaction ID : SB21B-4596**

Amount of Each Disbursement this Period

24.37

Full Name (Last, First, Middle Initial)

**C. George Wiley Nickel III**

Mailing Address 273 Hogans Valley Way

City Cary State NC Zip Code 27513

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4597**

Amount of Each Disbursement this Period

700.00

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

784.37

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. George Wiley Nickel III**

Mailing Address 273 Hogans Valley Way

City Cary State NC Zip Code 27513

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4598**

Amount of Each Disbursement this Period

77.77
-------

Full Name (Last, First, Middle Initial)

**B. Elizabeth Pan**

Mailing Address 21 Wellesley College Road  
Unit 3738

City Wellesley State MA Zip Code 02481

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4599**

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**C. Patricia Park**

Mailing Address 1019 Vista Del Valle Road

City La Canada State CA Zip Code 91011

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4600**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

827.77
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Patricia Park**

Mailing Address 1019 Vista Del Valle Road

City La Canada State CA Zip Code 91011

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4601**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jacob Ranish**

Mailing Address PO Box 598

City Sebastopol State CA Zip Code 95472

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  
04 / 04 / 2012

**Transaction ID : SB21B-4602**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Jacob Ranish**

Mailing Address PO Box 598

City Sebastopol State CA Zip Code 95472

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4603**

Amount of Each Disbursement this Period

700.00

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

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

1225.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Francesco Ripple**

Mailing Address 450 NE 5th Street, Apt. 542

City Fort Lauderdale State FL Zip Code 33301

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4604**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Francesco Ripple**

Mailing Address 450 NE 5th Street, Apt. 542

City Fort Lauderdale State FL Zip Code 33301

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4605**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Devon Rodonets**

Mailing Address 3850 Tunlaw Road, NW, Apt 602

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : SB21B-4606**

Amount of Each Disbursement this Period

600.00

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

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

1335.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Charles Segars**

Mailing Address 10334 Glenbarr Avenue

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4607**

Amount of Each Disbursement this Period

600.00
--------

Full Name (Last, First, Middle Initial)

**B. Roy Sherman**

Mailing Address 1020 SE 5th Avenue

City Pompano Beach State FL Zip Code 33060

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4608**

Amount of Each Disbursement this Period

120.00
--------

Full Name (Last, First, Middle Initial)

**C. Roy Sherman**

Mailing Address 1020 SE 5th Avenue

City Pompano Beach State FL Zip Code 33060

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2012

**Transaction ID : SB21B-4609**

Amount of Each Disbursement this Period

600.00
--------

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

1320.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4610**

Amount of Each Disbursement this Period

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4611**

Amount of Each Disbursement this Period

8	7	.	1	5					
---	---	---	---	---	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4612**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	2	8	7	.	1	5			
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1	2	8	7	.	1	5			
---	---	---	---	---	---	---	--	--	--



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. MICHAEL CAREY**

Mailing Address 212 W. 16th Street, Apt 2R

City New York State NY Zip Code 10011

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2012

**Transaction ID : SB21B-4613**

Amount of Each Disbursement this Period

8.50
------

Full Name (Last, First, Middle Initial)

**B. MICHAEL CAREY**

Mailing Address 212 W. 16th Street, Apt 2R

City New York State NY Zip Code 10011

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2012

**Transaction ID : SB21B-4614**

Amount of Each Disbursement this Period

78.46
-------

Full Name (Last, First, Middle Initial)

**C. MICHAEL CAREY**

Mailing Address 212 W. 16th Street, Apt 2R

City New York State NY Zip Code 10011

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2012

**Transaction ID : SB21B-4615**

Amount of Each Disbursement this Period

12.63
-------

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

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

99.59
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Steven Feder**

Mailing Address 215 East 24th Street  
Apt. 319

City New York State NY Zip Code 10010

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2012

**Transaction ID : SB21B-4616**

Amount of Each Disbursement this Period

8.50
------

Full Name (Last, First, Middle Initial)

**B. Steven Feder**

Mailing Address 215 East 24th Street  
Apt. 319

City New York State NY Zip Code 10010

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2012

**Transaction ID : SB21B-4617**

Amount of Each Disbursement this Period

78.46
-------

Full Name (Last, First, Middle Initial)

**C. Steven Feder**

Mailing Address 215 East 24th Street  
Apt. 319

City New York State NY Zip Code 10010

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2012

**Transaction ID : SB21B-4618**

Amount of Each Disbursement this Period

12.33
-------

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

99.29
-------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Steven Feder**

Mailing Address 215 East 24th Street  
Apt. 319

City New York State NY Zip Code 10010

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 M	/	D D D	/	Y Y Y Y Y
04	/	10	/	2012

**Transaction ID : SB21B-4619**

Amount of Each Disbursement this Period

1.10
------

Full Name (Last, First, Middle Initial)

**B. Ryan Jones**

Mailing Address 1425 Chapin Street, NW, Apt 31A

City Washington State DC Zip Code 20009

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
04	/	10	/	2012

**Transaction ID : SB21B-4620**

Amount of Each Disbursement this Period

8.50
------

Full Name (Last, First, Middle Initial)

**C. Ryan Jones**

Mailing Address 1425 Chapin Street, NW, Apt 31A

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Advance Team Stipend

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
04	/	10	/	2012

**Transaction ID : SB21B-4621**

Amount of Each Disbursement this Period

66.39
-------

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

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

75.99
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Ryan Jones**

Mailing Address 1425 Chapin Street, NW, Apt 31A

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4622**

Amount of Each Disbursement this Period

7	.	1	4
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. C. Wayne Skinner**

Mailing Address 1608 13th Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4623**

Amount of Each Disbursement this Period

4	0	.	0	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4624**

Amount of Each Disbursement this Period

2	1	8	.	0	0
---	---	---	---	---	---

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

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

2	6	5	.	1	8
---	---	---	---	---	---

2	6	5	.	1	8
---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

### A. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

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
04	/	10	/	2012

Transaction ID : SB21B-4625

Amount of Each Disbursement this Period

4624.78
---------

Full Name (Last, First, Middle Initial)

### B. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

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
04	/	10	/	2012

Transaction ID : SB21B-4626

Amount of Each Disbursement this Period

2269.78
---------

Full Name (Last, First, Middle Initial)

### C. WHITE HOUSE AIRLIFT OPERATIONS

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

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
04	/	10	/	2012

Transaction ID : SB21B-4627

Amount of Each Disbursement this Period

83.20
-------

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

6977.76
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2012

Transaction ID : SB21B-4628

Amount of Each Disbursement this Period

10.43

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2012

Transaction ID : SB21B-4629

Amount of Each Disbursement this Period

709.20

Full Name (Last, First, Middle Initial)

**C. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift In-flight Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2012

Transaction ID : SB21B-4630

Amount of Each Disbursement this Period

16.52

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

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

736.15

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Helo

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
04		10		2012

Transaction ID : SB21B-4631

Amount of Each Disbursement this Period

105.60
--------

Full Name (Last, First, Middle Initial)

**B. WHITE HOUSE AIRLIFT OPERATIONS**

Mailing Address Eisenhower Executive Office Bldg  
Room 25

City Washington State DC Zip Code 20502

Purpose of Disbursement  
White House Airlift Airfare

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
04		10		2012

Transaction ID : SB21B-4632

Amount of Each Disbursement this Period

2152.50
---------

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

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
04		10		2012

Transaction ID : SB21B-4633

Amount of Each Disbursement this Period

-497.70
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1760.40
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2012

**Transaction ID : SB21B-4634**

Amount of Each Disbursement this Period

405.43

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2012

**Transaction ID : SB21B-4635**

Amount of Each Disbursement this Period

237.30

Full Name (Last, First, Middle Initial)

**C. Delores Balogun**

Mailing Address 8310 S. Phillips

City Chicago State IL Zip Code 60617

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4636**

Amount of Each Disbursement this Period

600.00

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

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

1242.73



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Timothy Boyle**

Mailing Address 97 Pink House Lane

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

Transaction ID : SB21B-4637

Amount of Each Disbursement this Period

175.56

Full Name (Last, First, Middle Initial)

**B. David Dietz**

Mailing Address 953 Webster Avenue

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Event Preparation Materials

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

Transaction ID : SB21B-4638

Amount of Each Disbursement this Period

18.25

Full Name (Last, First, Middle Initial)

**C. David Dietz**

Mailing Address 953 Webster Avenue

City Chicago State IL Zip Code 60614

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  
04 / 11 / 2012

Transaction ID : SB21B-4639

Amount of Each Disbursement this Period

50.00

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

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

243.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. David Dietz**

Mailing Address 953 Webster Avenue

City Chicago State IL Zip Code 60614

Purpose of Disbursement  
Advance Team Stipend

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
04		11		2012

**Transaction ID : SB21B-4640**

Amount of Each Disbursement this Period

800.00
--------

Full Name (Last, First, Middle Initial)

**B. Arthur Lee Fentress**

Mailing Address 2822 Ocean Avenue

City Venice State CA Zip Code 90291

Purpose of Disbursement  
Advance Team Stipend

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
04		11		2012

**Transaction ID : SB21B-4641**

Amount of Each Disbursement this Period

800.00
--------

Full Name (Last, First, Middle Initial)

**C. DAVID GIFFORD**

Mailing Address 2624 Van Ness Ave.

City San Francisco State CA Zip Code 94109

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
04		11		2012

**Transaction ID : SB21B-4642**

Amount of Each Disbursement this Period

50.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1650.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DAVID GIFFORD**

Mailing Address 2624 Van Ness Ave.

City San Francisco State CA Zip Code 94109

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4643**

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

**B. DAVID GIFFORD**

Mailing Address 2624 Van Ness Ave.

City San Francisco State CA Zip Code 94109

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4644**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DAVID GIFFORD**

Mailing Address 2624 Van Ness Ave.

City San Francisco State CA Zip Code 94109

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4645**

Amount of Each Disbursement this Period

600.00

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

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

1450.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. LAURA GROSS**

Mailing Address 5018 Nebraska Avenue, NW

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4646**

Amount of Each Disbursement this Period

21.00

Full Name (Last, First, Middle Initial)

**B. LAURA GROSS**

Mailing Address 5018 Nebraska Avenue, NW

City Washington State DC Zip Code 20008

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  
04 / 11 / 2012

**Transaction ID : SB21B-4647**

Amount of Each Disbursement this Period

21.00

Full Name (Last, First, Middle Initial)

**C. Nicole Lynch**

Mailing Address 7 Avenue A, 2nd Floor

City New York State NY Zip Code 10009

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4648**

Amount of Each Disbursement this Period

204.77

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

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

246.77

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Roshann Parris**

Mailing Address 13104 Linden Lane

City Leawood State KS Zip Code 66209

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4649**

Amount of Each Disbursement this Period

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. C. Wayne Skinner**

Mailing Address 1608 13th Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4650**

Amount of Each Disbursement this Period

1	4	3	6	4	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4651**

Amount of Each Disbursement this Period

2	3	7	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	4	6	0	1	0	0	0	0	0
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4652**

Amount of Each Disbursement this Period

204.77

Full Name (Last, First, Middle Initial)

**B. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4653**

Amount of Each Disbursement this Period

22.04

Full Name (Last, First, Middle Initial)

**C. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4654**

Amount of Each Disbursement this Period

9.49

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

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

236.30

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4655**

Amount of Each Disbursement this Period

70.13

Full Name (Last, First, Middle Initial)

**B. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4656**

Amount of Each Disbursement this Period

6.71

Full Name (Last, First, Middle Initial)

**C. John Toohey**

Mailing Address 15 Cranston Street, Apt C

City Boston State MA Zip Code 02130

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4657**

Amount of Each Disbursement this Period

57.38

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

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

134.22

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. John Toohey**

Mailing Address 15 Cranston Street, Apt C

City Boston State MA Zip Code 02130

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4658**

Amount of Each Disbursement this Period

44.62

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4659**

Amount of Each Disbursement this Period

918.31

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4660**

Amount of Each Disbursement this Period

3009.06

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

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

3971.99



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4661**

Amount of Each Disbursement this Period

946.78

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

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  
04 / 11 / 2012

**Transaction ID : SB21B-4662**

Amount of Each Disbursement this Period

6.24

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2012

**Transaction ID : SB21B-4663**

Amount of Each Disbursement this Period

57.38

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

1010.40

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA, NA**

Mailing Address REGIONAL CENTER, VA2-125-04-01  
P.O. BOX 27025

City RICHMOND State VA Zip Code 23261-7025

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2012

**Transaction ID : SB21B-4897**

Amount of Each Disbursement this Period

105.40
--------

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Travel Agent fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

**Transaction ID : SB21B-4884**

Amount of Each Disbursement this Period

315.00
--------

Category/  
Type

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. Travel Agency Service**

Mailing Address 3415 E Kiehl Ave

City Little Rock State AR Zip Code 72205

Purpose of Disbursement  
Travel Agent fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2012

**Transaction ID : SB21B-4884-10000**

Amount of Each Disbursement this Period

315.00
--------

Category/  
Type

**[MEMO ITEM]**  
Memo Entry

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

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

420.40
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Airfare

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
04		17		2012

**Transaction ID : SB21B-4885**

Amount of Each Disbursement this Period

5309.30
---------

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. Delta Air Lines, Inc.**

Mailing Address 1030 Delta Boulevard

City Atlanta State GA Zip Code 30320

Purpose of Disbursement  
Airfare

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
04		17		2012

**Transaction ID : SB21B-4885-10000**

Amount of Each Disbursement this Period

4939.70
---------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. United Airlines**

Mailing Address 77 W. Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement  
Airfare

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
04		17		2012

**Transaction ID : SB21B-4885-20000**

Amount of Each Disbursement this Period

369.60
--------

**[MEMO ITEM]**  
Memo Entry

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

5309.30
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886**

Amount of Each Disbursement this Period

75262.32

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**B. Amway Grand Plaza**

Mailing Address 187 Monroe Ave., N.W.

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886-10000**

Amount of Each Disbursement this Period

1872.80

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. The Beverly Hills Hilton**

Mailing Address 9876 Wilshire Boulevard

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886-20000**

Amount of Each Disbursement this Period

2586.86

**[MEMO ITEM]**  
Memo Entry

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

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

75262.32

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. COURTYARD Raleigh Crabtree Valley**

Mailing Address 3908 Arrow Drive

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

Transaction ID : SB21B-4886-30000

Amount of Each Disbursement this Period

203.83

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Crowne Plaza Orlando-Universal**

Mailing Address 7800 Universal Blvd

City Orlando State FL Zip Code 32819

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

Transaction ID : SB21B-4886-40000

Amount of Each Disbursement this Period

4595.43

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Grand Plaza Hotel Toledo**

Mailing Address 444 N. Summit Street

City Toledo State OH Zip Code 43604

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

Transaction ID : SB21B-4886-50000

Amount of Each Disbursement this Period

7978.80

[MEMO ITEM]  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Embassy Suites Columbus**

Mailing Address 2700 Corporate Exchange Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886-60000**

Amount of Each Disbursement this Period

2759.38

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. The Fairmont Hotel**

Mailing Address 510 Market Street

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886-70000**

Amount of Each Disbursement this Period

9105.68

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Four Seasons Hotel Denver**

Mailing Address 1111 14th Street

City Denver State CO Zip Code 80202

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886-80000**

Amount of Each Disbursement this Period

352.00

**[MEMO ITEM]**  
Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Hampton Inn & Suites at**

Mailing Address 900 West Main Street

City Charlottesville State VA Zip Code 22903

Purpose of Disbursement  
Lodging & Catering

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	/	Y	Y	Y	Y
0	4			1	7		2	0	1	2

Transaction ID : SB21B-4886-90000

Amount of Each Disbursement this Period

1	6	3	.	5	9
---	---	---	---	---	---

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hampton Inn & Suites**

Mailing Address 33 W Illinois Street

City Chicago State IL Zip Code 60654

Purpose of Disbursement  
Lodging & Catering

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	/	Y	Y	Y	Y
0	4			1	7		2	0	1	2

Transaction ID : SB21B-4886-100000

Amount of Each Disbursement this Period

7	3	3	.	3	2
---	---	---	---	---	---

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hilton Garden Inn**

Mailing Address 1101 4th Avenue South

City Minneapolis State MN Zip Code 55404

Purpose of Disbursement  
Lodging & Catering

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	/	Y	Y	Y	Y
0	4			1	7		2	0	1	2

Transaction ID : SB21B-4886-110000

Amount of Each Disbursement this Period

3	6	5	.	9	0	3
---	---	---	---	---	---	---

[MEMO ITEM]  
Memo Entry

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

0	0	0
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TOTAL This Period (last page this line number only)..... ▶

0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hyatt Regency Orange County**

Mailing Address 11999 Harbor Boulevard

City Garden Grove State CA Zip Code 92840

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886-120000**

Amount of Each Disbursement this Period

800.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. InterContinental San Francisco**

Mailing Address One Nob Hill

City San Francisco State CA Zip Code 94108

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886-130000**

Amount of Each Disbursement this Period

9444.58

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. InterContinental New York Barclay**

Mailing Address 111 East 48th Street

City New York State NY Zip Code 10017

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886-140000**

Amount of Each Disbursement this Period

2366.25

**[MEMO ITEM]**  
Memo Entry

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

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

0.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Marriott Miami Airport**

Mailing Address 1201 N.W. Lejeune Road

City Miami State FL Zip Code 33126

Purpose of Disbursement  
Lodging & Catering

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	Y
0	4			1	7			2	0	1	2		

**Transaction ID : SB21B-4886-150000**

Amount of Each Disbursement this Period

6	2	4	7	.	0	0
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Morristown Inn Best Western**

Mailing Address 270 South Street

City Morristown State NJ Zip Code 07960

Purpose of Disbursement  
Lodging & Catering

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	Y
0	4			1	7			2	0	1	2		

**Transaction ID : SB21B-4886-160000**

Amount of Each Disbursement this Period

4	0	9	8	.	6	0
---	---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Sheraton Philadelphia Downtown**

Mailing Address 201 N. 17th Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
Lodging & Catering

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	Y
0	4			1	7			2	0	1	2		

**Transaction ID : SB21B-4886-170000**

Amount of Each Disbursement this Period

6	2	1	4	.	1	6
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**[MEMO ITEM]**  
Memo Entry

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

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

0	0	0
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0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. The Fairmont San Jose**

Mailing Address 170 South Market Street

City San Jose State CA Zip Code 95113

Purpose of Disbursement  
Lodging & Catering

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	4		1	7		2	0	1	2

**Transaction ID : SB21B-4886-180000**

Amount of Each Disbursement this Period

6	0	3	1	.	6	5
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. W NEW YORK**

Mailing Address 541 Lexington Avenue

City New York State NY Zip Code 10022

Purpose of Disbursement  
Lodging & Catering

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	4		1	7		2	0	1	2

**Transaction ID : SB21B-4886-190000**

Amount of Each Disbursement this Period

2	4	4	8	.	0	0
---	---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. The Westin Boston Waterfront**

Mailing Address 425 Summer Street

City Boston State MA Zip Code 02210

Purpose of Disbursement  
Lodging & Catering

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	4		1	7		2	0	1	2

**Transaction ID : SB21B-4886-200000**

Amount of Each Disbursement this Period

7	2	3	.	3	6
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

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

0	0	0
---	---	---

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

0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. The Westin Richmond**

Mailing Address 6631 W Broad Street

City Richmond State VA Zip Code 23230

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4886-210000**

Amount of Each Disbursement this Period

1411.00

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4887**

Amount of Each Disbursement this Period

15675.69

See Attached Memo Entry

Full Name (Last, First, Middle Initial)

**C. AVIS-RENT-A-CAR**

Mailing Address Cincinnati/N Kentucky Intl Apo  
3256 Loomis Road

City Erlanger State KY Zip Code 41018

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4887-10000**

Amount of Each Disbursement this Period

75.00

**[MEMO ITEM]**  
Memo Entry

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

15675.69

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Avis Rent-A-Car**

Mailing Address 7150 Humphrey Drive

City Minneapolis State MN Zip Code 55450

Purpose of Disbursement  
Car Rental

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
04	/	17	/	2012

**Transaction ID : SB21B-4887-20000**

Amount of Each Disbursement this Period

996.77
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Avis Rent-A-Car**

Mailing Address 175 Morris Avenue

City Morristown State NJ Zip Code 07960

Purpose of Disbursement  
Car Rental

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
04	/	17	/	2012

**Transaction ID : SB21B-4887-30000**

Amount of Each Disbursement this Period

394.68
--------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Avis Rent-A-Car Tolls**

Mailing Address P.O. Box 222209

City Great Neck State NY Zip Code 11022

Purpose of Disbursement  
Car Rental

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
04	/	17	/	2012

**Transaction ID : SB21B-4887-40000**

Amount of Each Disbursement this Period

8.20
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**[MEMO ITEM]**  
Memo Entry

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

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

0.00
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. BUDGET-RENT-A-CAR**

Mailing Address 1 Detroit Metro Airport

City State Zip Code  
DETROIT MI 48242

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4887-50000**

Amount of Each Disbursement this Period

87.16

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. BUDGET-RENT-A-CAR**

Mailing Address 4650 GLUMACK

City State Zip Code  
ST. PAUL MN 55111

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4887-60000**

Amount of Each Disbursement this Period

431.99

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Enterprise Rent-A-Car**

Mailing Address PO Box 795153

City State Zip Code  
St. Louis MO 63179

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4887-70000**

Amount of Each Disbursement this Period

8045.60

**[MEMO ITEM]**  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hertz Rent-A-Car**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	2

Mailing Address Boston Logan Intl Airport  
207 Porter Street

**Transaction ID : SB21B-4887-80000**

City Boston State MA Zip Code 02128

Amount of Each Disbursement this Period

1	8	0	0	9	6
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Purpose of Disbursement  
Car Rental

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

Candidate Name

**[MEMO ITEM]**  
Memo Entry

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Hertz Car Rental**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	2

Mailing Address Detroit Metro Wayne Co. Airprt  
289 Lucas Drive, Suite B

**Transaction ID : SB21B-4887-90000**

City Detroit State MI Zip Code 48482

Amount of Each Disbursement this Period

1	4	2	.	4	3
---	---	---	---	---	---

Purpose of Disbursement  
Car Rental

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

Candidate Name

**[MEMO ITEM]**  
Memo Entry

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Hertz Car Rental**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	2

Mailing Address 4005 Plainfield Avenue NE

**Transaction ID : SB21B-4887-100000**

City Grand Rapids State MI Zip Code 49525

Amount of Each Disbursement this Period

5	7	8	.	8	1
---	---	---	---	---	---

Purpose of Disbursement  
Car Rental

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

Candidate Name

**[MEMO ITEM]**  
Memo Entry

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hertz Car Rental**

Mailing Address 1 Airport Road-140  
Manchester Airport

City Manchester State NH Zip Code 03101

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

Transaction ID : SB21B-4887-110000

Amount of Each Disbursement this Period

181.62

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Hertz Car Rental**

Mailing Address 2 Schoephoester Road

City Windsor Locks State CT Zip Code 06096

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

Transaction ID : SB21B-4887-120000

Amount of Each Disbursement this Period

417.80

[MEMO ITEM]  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hertz Car Rental**

Mailing Address 902 Tel Aviv Avenue

City Kansas City State MO Zip Code 64153

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

Transaction ID : SB21B-4887-130000

Amount of Each Disbursement this Period

93.51

[MEMO ITEM]  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hertz Car Rental**

Mailing Address Marine Air Terminal  
Building 22

City Flushing State NY Zip Code 11371

Purpose of Disbursement  
Car Rental

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	Y
0	4			1	7			2	0	1	2		

**Transaction ID : SB21B-4887-140000**

Amount of Each Disbursement this Period

4	4	7	.	2	2
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**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. HERTZ CAR RENTAL**

Mailing Address Newark Intl Airport  
23 Newark Airport, Bldg 23

City NEWARK State NJ Zip Code 07114

Purpose of Disbursement  
Car Rental

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	Y
0	4			1	7			2	0	1	2		

**Transaction ID : SB21B-4887-150000**

Amount of Each Disbursement this Period

1	0	5	.	5	9
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. Hertz Car Rental**

Mailing Address Orlando Intl Airport  
5601 Butler National Drive

City Orlando State FL Zip Code 32801

Purpose of Disbursement  
Car Rental

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	Y
0	4			1	7			2	0	1	2		

**Transaction ID : SB21B-4887-160000**

Amount of Each Disbursement this Period

6	0	5	.	7	8
---	---	---	---	---	---

**[MEMO ITEM]**  
Memo Entry

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

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

0	0	0	.	0	0
---	---	---	---	---	---

0	0	0	.	0	0
---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hertz Rent-A-Car**

Mailing Address Pittsburgh Intl Airport  
8 Rental Car Access Road

City Pittsburgh State PA Zip Code 15231

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4887-170000**

Amount of Each Disbursement this Period

161.10

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Plate Pass**

Mailing Address 7681 East Gray Road

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4887-180000**

Amount of Each Disbursement this Period

11.15

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**C. VMS Car Rental Parking**

Mailing Address PO Box 2006

City Great Falls State MT Zip Code 59403

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB21B-4887-190000**

Amount of Each Disbursement this Period

50.00

**[MEMO ITEM]**  
Memo Entry

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Hertz Rental Fines**

Mailing Address 7681 E. Gray Rd

City State Zip Code  
Scottsdale AZ 85260

Purpose of Disbursement  
Car Rental

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 Y
04	/	17	/	2012

**Transaction ID : SB21B-4887-200000**

Amount of Each Disbursement this Period

90.00
-------

**[MEMO ITEM]**  
Memo Entry

Full Name (Last, First, Middle Initial)

**B. Noam Bar-Zemer**

Mailing Address 15 Laurel Court

City State Zip Code  
Providence RI 02906

Purpose of Disbursement  
Advance Team Stipend

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 Y
04	/	24	/	2012

**Transaction ID : SB21B-4679**

Amount of Each Disbursement this Period

165.50
--------

Full Name (Last, First, Middle Initial)

**C. Patrick Bauer**

Mailing Address 82 Sea Cliff Avenue

City State Zip Code  
Sea Cliff NY 11579

Purpose of Disbursement  
Advance Team Stipend

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 Y
04	/	24	/	2012

**Transaction ID : SB21B-4680**

Amount of Each Disbursement this Period

415.35
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

580.85
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Patrick Bauer**

Mailing Address 82 Sea Cliff Avenue

City State Zip Code  
Sea Cliff NY 11579

Purpose of Disbursement  
Travel Local

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
04	/	24	/	2012

**Transaction ID : SB21B-4681**

Amount of Each Disbursement this Period

155.62
--------

Full Name (Last, First, Middle Initial)

**B. Andrew Feldman**

Mailing Address 76 Oxbow Road

City State Zip Code  
Needham MA 02492

Purpose of Disbursement  
Advance Team Stipend

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
04	/	24	/	2012

**Transaction ID : SB21B-4682**

Amount of Each Disbursement this Period

135.41
--------

Full Name (Last, First, Middle Initial)

**C. Reynolds D. Graves**

Mailing Address 67 Centre Street, Apt 1

City State Zip Code  
Boston MA 02119

Purpose of Disbursement  
Advance Team Stipend

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
04	/	24	/	2012

**Transaction ID : SB21B-4683**

Amount of Each Disbursement this Period

159.72
--------

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

450.75
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4684**

Amount of Each Disbursement this Period

1	0	5	.	5	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DAVID GREELISH**

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4685**

Amount of Each Disbursement this Period

3	1	.	9	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Harvey Greene**

Mailing Address 7589 N.W. 117th Lane

City Parkland State FL Zip Code 33076

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4686**

Amount of Each Disbursement this Period

1	1	.	0	0
---	---	---	---	---

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

1	4	8	.	4	6
---	---	---	---	---	---

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

1	4	8	.	4	6
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Harvey Greene**

Mailing Address 7589 N.W. 117th Lane

City Parkland State FL Zip Code 33076

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4687**

Amount of Each Disbursement this Period

159.72
--------

Full Name (Last, First, Middle Initial)

**B. Harvey Greene**

Mailing Address 7589 N.W. 117th Lane

City Parkland State FL Zip Code 33076

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4688**

Amount of Each Disbursement this Period

29.88
-------

Full Name (Last, First, Middle Initial)

**C. Harvey Greene**

Mailing Address 7589 N.W. 117th Lane

City Parkland State FL Zip Code 33076

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4689**

Amount of Each Disbursement this Period

7.48
------

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

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

197.08
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. THOMAS KERR**

Mailing Address 3824 Elsie Street

City Livonia State MI Zip Code 48154

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4690**

Amount of Each Disbursement this Period

235.36
--------

Full Name (Last, First, Middle Initial)

**B. THOMAS KERR**

Mailing Address 3824 Elsie Street

City Livonia State MI Zip Code 48154

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4691**

Amount of Each Disbursement this Period

69.80
-------

Full Name (Last, First, Middle Initial)

**C. THOMAS KERR**

Mailing Address 3824 Elsie Street

City Livonia State MI Zip Code 48154

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4692**

Amount of Each Disbursement this Period

61.20
-------

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

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

366.36
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Kathryn A. Kurth**

Mailing Address 211 E. Ohio, #2523

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4693**

Amount of Each Disbursement this Period

204.77

Full Name (Last, First, Middle Initial)

**B. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4694**

Amount of Each Disbursement this Period

23.00

Full Name (Last, First, Middle Initial)

**C. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4695**

Amount of Each Disbursement this Period

175.95

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

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

403.72

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4696**

Amount of Each Disbursement this Period

39.56
-------

Full Name (Last, First, Middle Initial)

**B. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4697**

Amount of Each Disbursement this Period

7.25
------

Full Name (Last, First, Middle Initial)

**C. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4698**

Amount of Each Disbursement this Period

73.08
-------

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

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

119.89
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. John Leeper**

Mailing Address 9480 Virginia Center Blvd #9

City Vienna State VA Zip Code 22181

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4699**

Amount of Each Disbursement this Period

24.36

Full Name (Last, First, Middle Initial)

**B. Jeanne R. Long**

Mailing Address 6038 Carlton Way, #203

City Los Angeles State CA Zip Code 90028

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  
04 / 24 / 2012

**Transaction ID : SB21B-4700**

Amount of Each Disbursement this Period

7.25

Full Name (Last, First, Middle Initial)

**C. Jeanne R. Long**

Mailing Address 6038 Carlton Way, #203

City Los Angeles State CA Zip Code 90028

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4701**

Amount of Each Disbursement this Period

105.56

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

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

137.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Jeanne R. Long**

Mailing Address 6038 Carlton Way, #203

City Los Angeles State CA Zip Code 90028

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

**Transaction ID : SB21B-4702**

Amount of Each Disbursement this Period

50.10
-------

Full Name (Last, First, Middle Initial)

**B. Kristine MacIntyre**

Mailing Address 624 Logan Street

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

**Transaction ID : SB21B-4703**

Amount of Each Disbursement this Period

175.56
--------

Full Name (Last, First, Middle Initial)

**C. Kristine MacIntyre**

Mailing Address 624 Logan Street

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

**Transaction ID : SB21B-4704**

Amount of Each Disbursement this Period

22.80
-------

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

248.46
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Kristine MacIntyre**

Mailing Address 624 Logan Street

City Helena State MT Zip Code 59601

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4705**

Amount of Each Disbursement this Period

2	0	4	.	7	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. GREG MAYS**

Mailing Address PO BOX 25153

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4706**

Amount of Each Disbursement this Period

1	5	2	.	4	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. GREG MAYS**

Mailing Address PO BOX 25153

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4707**

Amount of Each Disbursement this Period

1	7	.	0	2
---	---	---	---	---

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

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

3	7	4	.	2	8
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. GREG MAYS**

Mailing Address PO BOX 25153

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4708**

Amount of Each Disbursement this Period

16.15
-------

Full Name (Last, First, Middle Initial)

**B. GREG MAYS**

Mailing Address PO BOX 25153

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4709**

Amount of Each Disbursement this Period

7.36
------

Full Name (Last, First, Middle Initial)

**C. Kerry McNellis**

Mailing Address 2517 Pennsylvania Ave., NW, #7

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4710**

Amount of Each Disbursement this Period

143.64
--------

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

167.15
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Jaime Moore**

Mailing Address 1451 Walz Avenue

City State Zip Code  
Glenwood Springs CO 81601

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4711**

Amount of Each Disbursement this Period

1	5	9	.	7	2
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Jordan Musgrove**

Mailing Address 617 #A 4th Street, NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4712**

Amount of Each Disbursement this Period

2	0	4	.	7	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Evelyn Marie Prentice**

Mailing Address 815 Perry Place #326

City State Zip Code  
Richmond VA 23224

Purpose of Disbursement  
Event Preparation Materials

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4713**

Amount of Each Disbursement this Period

1	0	3	.	0	8
---	---	---	---	---	---

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

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

4	6	7	.	5	7
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Evelyn Marie Prentice**

Mailing Address 815 Perry Place #326

City Richmond State VA Zip Code 23224

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4714**

Amount of Each Disbursement this Period

1	1	.	2	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Evelyn Marie Prentice**

Mailing Address 815 Perry Place #326

City Richmond State VA Zip Code 23224

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4715**

Amount of Each Disbursement this Period

2	9	1	.	2	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Evelyn Marie Prentice**

Mailing Address 815 Perry Place #326

City Richmond State VA Zip Code 23224

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : SB21B-4716**

Amount of Each Disbursement this Period

2	4	.	4	8
---	---	---	---	---

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

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

3	2	6	.	8	8
---	---	---	---	---	---

3	2	6	.	8	8
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Evelyn Marie Prentice**

Mailing Address 815 Perry Place #326

City Richmond State VA Zip Code 23224

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4717**

Amount of Each Disbursement this Period

91.68

Full Name (Last, First, Middle Initial)

**B. Evelyn Marie Prentice**

Mailing Address 815 Perry Place #326

City Richmond State VA Zip Code 23224

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4718**

Amount of Each Disbursement this Period

6.00

Full Name (Last, First, Middle Initial)

**C. JESSE J ROSEN**

Mailing Address 1045 W. County Line Road

City Bayside State WI Zip Code 53217

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  
04 / 24 / 2012

**Transaction ID : SB21B-4719**

Amount of Each Disbursement this Period

45.00

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

142.68

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. JESSE J ROSEN**

Mailing Address 1045 W. County Line Road

City Bayside State WI Zip Code 53217

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4720**

Amount of Each Disbursement this Period

88.20

Full Name (Last, First, Middle Initial)

**B. JESSE J ROSEN**

Mailing Address 1045 W. County Line Road

City Bayside State WI Zip Code 53217

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4721**

Amount of Each Disbursement this Period

543.15

Full Name (Last, First, Middle Initial)

**C. JESSE J ROSEN**

Mailing Address 1045 W. County Line Road

City Bayside State WI Zip Code 53217

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4722**

Amount of Each Disbursement this Period

330.89

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

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

962.24



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. JESSE J ROSEN**

Mailing Address 1045 W. County Line Road

City Bayside State WI Zip Code 53217

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 M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4723**

Amount of Each Disbursement this Period

126.09
--------

Full Name (Last, First, Middle Initial)

**B. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Advance Team Stipend

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
04		24		2012

**Transaction ID : SB21B-4724**

Amount of Each Disbursement this Period

175.95
--------

Full Name (Last, First, Middle Initial)

**C. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

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

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4725**

Amount of Each Disbursement this Period

19.81
-------

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

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

321.85
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4726**

Amount of Each Disbursement this Period

3.22
------

Full Name (Last, First, Middle Initial)

**B. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4727**

Amount of Each Disbursement this Period

6.30
------

Full Name (Last, First, Middle Initial)

**C. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Airline Baggage Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4728**

Amount of Each Disbursement this Period

45.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

54.52
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4729**

Amount of Each Disbursement this Period

415.35
--------

Full Name (Last, First, Middle Initial)

**B. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4730**

Amount of Each Disbursement this Period

109.80
--------

Full Name (Last, First, Middle Initial)

**C. James Slider**

Mailing Address 247 McCormick Street

City Williamston State MI Zip Code 48895

Purpose of Disbursement  
Travel Parking

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4731**

Amount of Each Disbursement this Period

16.65
-------

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

541.80
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY SNEED**

Mailing Address 101 S. WHITING STREET, #808

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2012

**Transaction ID : SB21B-4732**

Amount of Each Disbursement this Period

365.17
--------

Full Name (Last, First, Middle Initial)

**B. Benjamin Solomon**

Mailing Address 14 Black Birch Road

City Scotch Plains State NJ Zip Code 07076

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2012

**Transaction ID : SB21B-4733**

Amount of Each Disbursement this Period

30.60
-------

Full Name (Last, First, Middle Initial)

**C. Benjamin Solomon**

Mailing Address 14 Black Birch Road

City Scotch Plains State NJ Zip Code 07076

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	24	/	2012

**Transaction ID : SB21B-4734**

Amount of Each Disbursement this Period

199.16
--------

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

365.17
--------

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

365.17
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Benjamin Solomon**

Mailing Address 14 Black Birch Road

City State Zip Code  
Scotch Plains NJ 07076

Purpose of Disbursement  
Travel Local

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
04		24		2012

**Transaction ID : SB21B-4735**

Amount of Each Disbursement this Period

70.38
-------

Full Name (Last, First, Middle Initial)

**B. Benjamin Solomon**

Mailing Address 14 Black Birch Road

City State Zip Code  
Scotch Plains NJ 07076

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

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4736**

Amount of Each Disbursement this Period

57.14
-------

Full Name (Last, First, Middle Initial)

**C. Benjamin Solomon**

Mailing Address 14 Black Birch Road

City State Zip Code  
Scotch Plains NJ 07076

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 M	/	D D D	/	Y Y Y Y Y
04		24		2012

**Transaction ID : SB21B-4737**

Amount of Each Disbursement this Period

72.44
-------

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

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

199.96
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Brendan Sullivan**

Mailing Address 9 Frank Road

City Weymouth State MA Zip Code 02191

Purpose of Disbursement  
Advance Team Stipend

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
04		24		2012

**Transaction ID : SB21B-4738**

Amount of Each Disbursement this Period

135.41
--------

Full Name (Last, First, Middle Initial)

**B. Brendan Sullivan**

Mailing Address 9 Frank Road

City Weymouth State MA Zip Code 02191

Purpose of Disbursement  
Advance Team Stipend

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
04		24		2012

**Transaction ID : SB21B-4739**

Amount of Each Disbursement this Period

543.15
--------

Full Name (Last, First, Middle Initial)

**C. Brendan Sullivan**

Mailing Address 9 Frank Road

City Weymouth State MA Zip Code 02191

Purpose of Disbursement  
Travel Local

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
04		24		2012

**Transaction ID : SB21B-4740**

Amount of Each Disbursement this Period

78.55
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

757.11
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Brendan Sullivan**

Mailing Address 9 Frank Road

City Weymouth State MA Zip Code 02191

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  
04 / 24 / 2012

**Transaction ID : SB21B-4741**

Amount of Each Disbursement this Period

261.90

Full Name (Last, First, Middle Initial)

**B. Matthew Teper**

Mailing Address 3807 Porter St., NW, #302

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4742**

Amount of Each Disbursement this Period

43.56

Full Name (Last, First, Middle Initial)

**C. John Toohey**

Mailing Address 15 Cranston Street, Apt C

City Boston State MA Zip Code 02130

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

**Transaction ID : SB21B-4743**

Amount of Each Disbursement this Period

135.41

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

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

440.87

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

### A. John Toohey

Mailing Address 15 Cranston Street, Apt C

City Boston State MA Zip Code 02130

Purpose of Disbursement  
Travel Fuel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

Transaction ID : SB21B-4744

Amount of Each Disbursement this Period

60.45
-------

Full Name (Last, First, Middle Initial)

### B. Abbey Watson

Mailing Address 512B 6th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2012

Transaction ID : SB21B-4745

Amount of Each Disbursement this Period

152.49
--------

Full Name (Last, First, Middle Initial)

### C. Eileen de Parrie

Mailing Address 3493 W. 33rd Avenue

City Denver State CO Zip Code 80211

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2012

Transaction ID : SB21B-4746

Amount of Each Disbursement this Period

-120.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

92.94
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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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. Eileen de Parrie**

Mailing Address 3493 W. 33rd Avenue

City State Zip Code  
Denver CO 80211

Purpose of Disbursement  
Travel Local

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2012

Transaction ID : SB21B-4747

Amount of Each Disbursement this Period

17.95
-------

Full Name (Last, First, Middle Initial)

**B. Eileen de Parrie**

Mailing Address 3493 W. 33rd Avenue

City State Zip Code  
Denver CO 80211

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2012

Transaction ID : SB21B-4748

Amount of Each Disbursement this Period

165.50
--------

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City State Zip Code  
WASHINGTON DC 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2012

Transaction ID : SB21B-4749

Amount of Each Disbursement this Period

-201.72
---------

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

-18.27
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Car Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

**Transaction ID : SB21B-4750**

Amount of Each Disbursement this Period

-81.16

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

**Transaction ID : SB21B-4751**

Amount of Each Disbursement this Period

680.10

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

**Transaction ID : SB21B-4752**

Amount of Each Disbursement this Period

-690.37

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

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

-91.43

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

**Transaction ID : SB21B-4753**

Amount of Each Disbursement this Period

1463.69

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

**Transaction ID : SB21B-4754**

Amount of Each Disbursement this Period

1089.08

Full Name (Last, First, Middle Initial)

**C. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

**Transaction ID : SB21B-4755**

Amount of Each Disbursement this Period

165.50

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

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

2718.27

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT**

Full Name (Last, First, Middle Initial)

**A. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Travel Local

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	Y	Y
0	4		3	0		2	0	1	2		

**Transaction ID : SB21B-4756**

Amount of Each Disbursement this Period

1	8	.	0	5
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Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TREASURY**

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Airfare

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	Y	Y
0	4		3	0		2	0	1	2		

**Transaction ID : SB21B-4757**

Amount of Each Disbursement this Period

2	5	3	.	6	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

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	Y	Y

Amount of Each Disbursement this Period

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

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

2	7	1	.	7	2
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1	7	7	5	8	8	.	6	7
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