

**FEC  
FORM 3X**

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

Office Use Only

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

ADDRESS (number and street) 430 SOUTH CAPITOL STREET SE  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20003

2. **FEC IDENTIFICATION NUMBER** C00460147  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 05 01 2011 through 05 31 2011

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

Type or Print Name of Treasurer ANDREW TOBIAS

Signature of Treasurer Electronically Filed by ANDREW TOBIAS Date 06 20 2011

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

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

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

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		1465912.63
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	986153.65									
(c) Total Receipts (from Line 19) .....	157104.50	613883.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1143258.15	2079796.40								
7. Total Disbursements (from Line 31) .....	136428.78	1072967.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1006829.37	1006829.37								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	157104.50	613883.77
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	157104.50	613883.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	157104.50	613883.77

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	136428.78	1072967.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	136428.78	1072967.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	136428.78	1072967.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	136428.78	1072967.03

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)).....	136428.78	1072967.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	157104.50	613883.77
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-20675.72	459083.26

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 64

(check only one)

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

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

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

**A.**

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

Mailing Address 430 S. Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 271189.28

Date of Receipt

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

Transaction ID: SA15-3123

Amount of Each Receipt this Period

38414.37
----------

**B.**

Full Name (Last, First, Middle Initial)  
Obama for America

Mailing Address P.O. Box 8102

City State Zip Code  
Chicago IL 60680

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 739.09

Date of Receipt

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

Transaction ID: SA15-3124

Amount of Each Receipt this Period

739.09
--------

**C.**

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

Mailing Address 430 S. Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 271189.28

Date of Receipt

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

Transaction ID: SA15-3125

Amount of Each Receipt this Period

26324.80
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

65478.26
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 64

(check only one)

<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

**A.**

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

Mailing Address 430 S. Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271189.28

Date of Receipt

M M / D D / Y Y Y Y  
05 / 12 / 2011

Transaction ID: SA15-3126

Amount of Each Receipt this Period

16836.98

**B.**

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

Mailing Address 430 S. Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271189.28

Date of Receipt

M M / D D / Y Y Y Y  
05 / 12 / 2011

Transaction ID: SA15-3127

Amount of Each Receipt this Period

16836.98

**C.**

Full Name (Last, First, Middle Initial)  
Carper for Senate

Mailing Address P.O. Box 2882

City State Zip Code  
Wilmington DE 19805

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
23000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 12 / 2011

Transaction ID: SA15-3128

Amount of Each Receipt this Period

23000.00

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

56673.96

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 64  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 430 S. Capitol Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 271189.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 1 1

**Transaction ID:** SA15-3129

Amount of Each Receipt this Period  
12952.28

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

Mailing Address 105 N. State Street

City State Zip Code  
Concord NH 03301

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 22000.00

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

**Transaction ID:** SA15-3130

Amount of Each Receipt this Period  
22000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **34952.28**

**TOTAL** This Period (last page this line number only) ..... ► **157104.50**



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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2946 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="56.02"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2947 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="174.26"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2948 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="2.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="232.91"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2949 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="116.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2950 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="453.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2951 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="5.49"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="574.59"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2952
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 05 / 03 / 2011
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 43.72
	Purpose of Disbursement White House Airlift Helo	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2953
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 05 / 03 / 2011
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 123.76
	Purpose of Disbursement White House Airlift Airfare	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2954
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Date of Disbursement 05 / 03 / 2011
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period 1.73
	Purpose of Disbursement White House Airlift In-flight Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

169.21

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2955 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="72.44"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2956 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="164.82"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2957 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="3.58"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="240.84"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2958 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="5332.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2959 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="430.62"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2960 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="51.61"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5814.43"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2961 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="5784.92"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2962 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="856.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2963 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="43.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6684.97"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2964 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="1308.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2965 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="5.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2966 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="558.36"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1872.94"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2967 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="158.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2968 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="5.48"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2969 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="1914.76"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2078.84"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2970 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="2065.48"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2971 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="5.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2976 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="66.66"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2137.94"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2977 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Helo	<input type="text" value="230.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2978 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="5404.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2979 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="48.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5682.86"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2980 Date of Disbursement 05 / 05 / 2011
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 3917.76
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift Airfare	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2981 Date of Disbursement 05 / 05 / 2011
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 230.05
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift Helo	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2982 Date of Disbursement 05 / 05 / 2011
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	Amount of Each Disbursement this Period 3388.30
	City Washington State DC Zip Code 20502	
	Purpose of Disbursement White House Airlift Airfare	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7536.11

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2983 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="24.27"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2984 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="19.56"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2985 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="2735.42"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2779.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2986 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift Airfare	<input type="text" value="4802.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS	Transaction ID: SB21B-2987 Date of Disbursement
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB Room #25	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20502	Amount of Each Disbursement this Period
	Purpose of Disbursement White House Airlift In-flight Services	<input type="text" value="34.43"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Anie Borja	Transaction ID: SB21B-2988 Date of Disbursement
	Mailing Address 530 Grand Street, Apt E3A	<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City New York State NY Zip Code 10002	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="15.20"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4852.51"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anie Borja</p> <p>Mailing Address 530 Grand Street, Apt E3A</p> <p>City New York State NY Zip Code 10002</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2989</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Daniel Griffin</p> <p>Mailing Address 1400 Irving Street, NW, #212</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2990</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Daniel Griffin</p> <p>Mailing Address 1400 Irving Street, NW, #212</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-2991</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="497.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1357.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 64

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

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

A.	Full Name (Last, First, Middle Initial) MARK P. HANNAH	Transaction ID: SB21B-2992 Date of Disbursement 05 / 09 / 2011
	Mailing Address 143 Sullivan Street, Apt G4	Amount of Each Disbursement this Period 700.00
	City New York State NY Zip Code 10012	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBERT HILL	Transaction ID: SB21B-2993 Date of Disbursement 05 / 10 / 2011
	Mailing Address 460 L Street, NW, #278	Amount of Each Disbursement this Period 18.85
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBERT HILL	Transaction ID: SB21B-2994 Date of Disbursement 05 / 10 / 2011
	Mailing Address 460 L Street, NW, #278	Amount of Each Disbursement this Period 8.40
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	727.25
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ROBERT HILL	Transaction ID: SB21B-2995 Date of Disbursement 05 / 10 / 2011
	Mailing Address 460 L Street, NW, #278	Amount of Each Disbursement this Period 41.38
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Lodging & Catering	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBERT HILL	Transaction ID: SB21B-2996 Date of Disbursement 05 / 10 / 2011
	Mailing Address 460 L Street, NW, #278	Amount of Each Disbursement this Period 60.73
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-2997 Date of Disbursement 05 / 10 / 2011
	Mailing Address P.O. BOX 27800	Amount of Each Disbursement this Period 91.75
	City WASHINGTON State DC Zip Code 20038-7800	
	Purpose of Disbursement Airfare	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	193.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2998 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 1  Amount of Each Disbursement this Period 296.00
B.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY  Mailing Address P.O. BOX 27800  City WASHINGTON State DC Zip Code 20038-7800  Purpose of Disbursement Travel Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-2999 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 1  Amount of Each Disbursement this Period 14.21
C.	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3000 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 1  Amount of Each Disbursement this Period 227.93

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

538.14

**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)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY</p> <p>Mailing Address P.O. BOX 27800</p> <p>City WASHINGTON State DC Zip Code 20038-7800</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3001</p> <p>Date of Disbursement 05 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 32.43</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY</p> <p>Mailing Address P.O. BOX 27800</p> <p>City WASHINGTON State DC Zip Code 20038-7800</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3002</p> <p>Date of Disbursement 05 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 75.20</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY</p> <p>Mailing Address P.O. BOX 27800</p> <p>City WASHINGTON State DC Zip Code 20038-7800</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3003</p> <p>Date of Disbursement 05 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 214.70</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>322.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
DEPARTMENT OF TREASURY

Transaction ID: SB21B-3004  
Date of Disbursement

Mailing Address P.O. BOX 27800

/   /

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement  
Train Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
DEPARTMENT OF TREASURY

Transaction ID: SB21B-3005  
Date of Disbursement

Mailing Address P.O. BOX 27800

/   /

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement  
Airfare

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
DEPARTMENT OF TREASURY

Transaction ID: SB21B-3006  
Date of Disbursement

Mailing Address P.O. BOX 27800

/   /

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

Purpose of Disbursement  
Advance Team Stipend

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-3007 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Train Travel Candidate Name	<input type="text" value="226.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-3008 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend Candidate Name	<input type="text" value="99.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-3009 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Train Travel Candidate Name	<input type="text" value="328.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="653.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DEPARTMENT OF TREASURY

Mailing Address P.O. BOX 27800

City WASHINGTON State DC Zip Code 20038-7800

Purpose of Disbursement  
Lodging & Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB21B-3010

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

24.75

**B.**

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
Prepaid Expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB21B-3116

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

50000.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott Alston

Mailing Address 409 W. Ellet Street

City Philadelphia State PA Zip Code 19119

Purpose of Disbursement  
Advance Team Stipend

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB21B-3011

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

600.00

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

50624.75

**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)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Prepaid Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3117</p> <p>Date of Disbursement 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period -50000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Travel Agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3118</p> <p>Date of Disbursement 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 1525.00</p> <p>See Attached Memo Entry</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Travel Agency Service</p> <p>Mailing Address 3415 E Kiehl Ave</p> <p>City Little Rock State AR Zip Code 72205</p> <p>Purpose of Disbursement Travel Agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3118-10000</p> <p>Date of Disbursement 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 1525.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

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

**-48475.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3119 <b>Date of Disbursement</b> 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 37019.85</p> <p>See Attached Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Boulevard</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3119-10000 <b>Date of Disbursement</b> 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 355.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 1600 Smith Street</p> <p>City Houston State TX Zip Code 77002</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3119-20000 <b>Date of Disbursement</b> 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 3414.10</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	37019.85
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Delta Air Lines, Inc.</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3119-30000</p> <p>Date of Disbursement 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 12442.90</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Frontier Airlines</p> <p>Mailing Address Frontier Center One 7001 Tower Road</p> <p>City Denver State CO Zip Code 80249</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3119-40000</p> <p>Date of Disbursement 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2259.70</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES</p> <p>Mailing Address 2702 LOVE FIELD DR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3119-50000</p> <p>Date of Disbursement 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 1559.20</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B-3119-60000 Date of Disbursement 05 / 17 / 2011
	Mailing Address 77 W. Wacker Drive	Amount of Each Disbursement this Period 10408.85
	City Chicago State IL Zip Code 60601	
	Purpose of Disbursement Airfare Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) US Airways Group Inc.	Transaction ID: SB21B-3119-70000 Date of Disbursement 05 / 17 / 2011
	Mailing Address 111 W. Rio Salado Pkwy	Amount of Each Disbursement this Period 5210.70
	City Tempe State AZ Zip Code 85281	
	Purpose of Disbursement Airfare Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Memo Entry

C.	Full Name (Last, First, Middle Initial) JetBlue Airways Corporation	Transaction ID: SB21B-3119-80000 Date of Disbursement 05 / 17 / 2011
	Mailing Address 118-29 Queens Blvd	Amount of Each Disbursement this Period 1369.40
	City Forest Hills State NY Zip Code 11375	
	Purpose of Disbursement Airfare Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P O BOX 1270 City NEWARK State NJ Zip Code 07101 Purpose of Disbursement Train Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3120 Date of Disbursement 05 / 17 / 2011
	Amount of Each Disbursement this Period 1275.00 See Attached Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) Amtrak Mailing Address Union Station 50 Massachusetts Ave., NE City Washington State DC Zip Code 20002 Purpose of Disbursement Train Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3120-10000 Date of Disbursement 05 / 17 / 2011
	Amount of Each Disbursement this Period 1275.00 [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P O BOX 1270 City NEWARK State NJ Zip Code 07101 Purpose of Disbursement Lodging & Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3121 Date of Disbursement 05 / 17 / 2011
	Amount of Each Disbursement this Period 9919.62 See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11194.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Holiday Inn Metrodome Minneapolis	Transaction ID: SB21B-3121-10000 Date of Disbursement
	Mailing Address 1500 Washington Ave South	<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City Minneapolis State MN Zip Code 55454	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="2755.52"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Memo Entry

B.	Full Name (Last, First, Middle Initial) INTERCONTINENTAL HOTEL	Transaction ID: SB21B-3121-20000 Date of Disbursement
	Mailing Address 9801 CARNEGIE AVE	<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City CLEVELAND State OH Zip Code 44106	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="3658.82"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Memo Entry

C.	Full Name (Last, First, Middle Initial) InterContinental New York Barclay	Transaction ID: SB21B-3121-30000 Date of Disbursement
	Mailing Address 111 East 48th Street	<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City New York State NY Zip Code 10017	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="1959.46"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Sheraton-Clayton Plaza Mailing Address 7730 Bonhomme Avenue City St. Louis State MO Zip Code 63105 Purpose of Disbursement Lodging & Catering Candidate Name	Transaction ID: SB21B-3121-40000 Date of Disbursement 05 / 17 / 2011 Amount of Each Disbursement this Period 84.00 [MEMO ITEM] Memo Entry

<b>B.</b> Full Name (Last, First, Middle Initial) W Boston Mailing Address 100 Stuart Street City Boston State MA Zip Code 02116 Purpose of Disbursement Lodging & Catering Candidate Name	Transaction ID: SB21B-3121-50000 Date of Disbursement 05 / 17 / 2011 Amount of Each Disbursement this Period 1461.82 [MEMO ITEM] Memo Entry

<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P O BOX 1270 City NEWARK State NJ Zip Code 07101 Purpose of Disbursement Car Rental Candidate Name	Transaction ID: SB21B-3122 Date of Disbursement 05 / 17 / 2011 Amount of Each Disbursement this Period 19196.74 See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	19196.74
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address Austin Bergstrom Intl Airport 3600 Presidential Blvd</p> <p>City Austin State TX Zip Code 78719</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3122-10000 <b>Date of Disbursement</b> 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 1525.67</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address 214 N CLARK ST.</p> <p>City CHICAGO State IL Zip Code 60601</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3122-20000 <b>Date of Disbursement</b> 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 3458.61</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address 510 La Guardia Airport Suite 25</p> <p>City Flushing State NY Zip Code 11371</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3122-30000 <b>Date of Disbursement</b> 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2481.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address 9217 AIRPORT BLVD</p> <p>City LOS ANGELES State CA Zip Code 90045</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3122-40000 <b>Date of Disbursement</b> 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2051.42</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address 10000 Bessie Coleman Drive</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3122-50000 <b>Date of Disbursement</b> 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 225.00</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address 1027 Broadway</p> <p>City Santa Monica State CA Zip Code 90401</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3122-60000 <b>Date of Disbursement</b> 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 670.03</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Budget Rent-A-Car

Transaction ID: SB21B-3122-70000  
Date of Disbursement

Mailing Address 3600 PRESIDENTIAL BLVD

05 / 17 / 2011

City State Zip Code  
AUSTIN TX 78719

Amount of Each Disbursement this Period

772.08

Purpose of Disbursement  
Car Rental

Category/  
Type

Candidate Name

[MEMO ITEM]  
Memo Entry

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Budget Rent-A-Car

Transaction ID: SB21B-3122-80000  
Date of Disbursement

Mailing Address 19601 Maplewood Avenue

05 / 17 / 2011

City State Zip Code  
Cleveland OH 44135

Amount of Each Disbursement this Period

331.22

Purpose of Disbursement  
Car Rental

Category/  
Type

Candidate Name

[MEMO ITEM]  
Memo Entry

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Budget Rent-A-Car

Transaction ID: SB21B-3122-90000  
Date of Disbursement

Mailing Address 2125 Route 206

05 / 17 / 2011

City State Zip Code  
BELLE MEAD NJ 08502

Amount of Each Disbursement this Period

338.01

Purpose of Disbursement  
Car Rental

Category/  
Type

Candidate Name

[MEMO ITEM]  
Memo Entry

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car Mailing Address 4650 GLUMACK City ST. PAUL State MN Zip Code 55111 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3122-100000 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 366.90
	[MEMO ITEM] Memo Entry
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Budget Rent-A-Car Tolls Mailing Address 11 Grace Avenue, Suite 108 City Great Neck State NY Zip Code 11021 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3122-110000 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 61.40
	[MEMO ITEM] Memo Entry
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental Mailing Address 10000 Bessie Coleman Drive City Chicago State IL Zip Code 60666 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3122-120000 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 2042.96
	[MEMO ITEM] Memo Entry
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hertz Car Rental  Mailing Address Cleveland Hopkins Airport 19601 Maplewood Avenue  City Cleveland State OH Zip Code 44135  Purpose of Disbursement Car Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3122-130000 Date of Disbursement 05 / 17 / 2011  Amount of Each Disbursement this Period 1625.64  <b>[MEMO ITEM]</b> Memo Entry
B.	Full Name (Last, First, Middle Initial) Hertz Car Rental  Mailing Address Los Angeles Intl Airport 9000 Airport Boulevard  City Los Angeles State CA Zip Code 90045  Purpose of Disbursement Car Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3122-140000 Date of Disbursement 05 / 17 / 2011  Amount of Each Disbursement this Period 1865.35  <b>[MEMO ITEM]</b> Memo Entry
C.	Full Name (Last, First, Middle Initial) Hertz Car Rental  Mailing Address Minneapolis Intl Airport 4300 Glumack Drive  City Minneapolis State MN Zip Code 55111  Purpose of Disbursement Car Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3122-150000 Date of Disbursement 05 / 17 / 2011  Amount of Each Disbursement this Period 797.77  <b>[MEMO ITEM]</b> Memo Entry

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

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address St Louis Lambert Intl Airport 10278 Natural Bridge Road</p> <p>City St. Louis State MO Zip Code 63074</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3122-160000</p> <p>Date of Disbursement MM / DD / YYYY 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 310.95</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Union Station 50 Massachusetts Avenue</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3122-170000</p> <p>Date of Disbursement MM / DD / YYYY 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 243.13</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Plate Pass</p> <p>Mailing Address 7681 East Gray Road</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3122-180000</p> <p>Date of Disbursement MM / DD / YYYY 05 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 29.60</p> <p><b>[MEMO ITEM]</b> Memo Entry</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3017 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1  Amount of Each Disbursement this Period 1333.36
<b>B.</b>	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3018 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1  Amount of Each Disbursement this Period 1122.75
<b>C.</b>	Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-3019 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 1  Amount of Each Disbursement this Period 175.48

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

2631.59

**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)

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

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

A.

Full Name (Last, First, Middle Initial)  
DEPARTMENT OF TREASURY

Transaction ID: SB21B-3020  
Date of Disbursement

Mailing Address P.O. BOX 27800

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

153.60
--------

Purpose of Disbursement  
Lodging & Catering

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
DEPARTMENT OF TREASURY

Transaction ID: SB21B-3021  
Date of Disbursement

Mailing Address P.O. BOX 27800

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

224.56
--------

Purpose of Disbursement  
Airfare

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
DEPARTMENT OF TREASURY

Transaction ID: SB21B-3022  
Date of Disbursement

Mailing Address P.O. BOX 27800

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

City WASHINGTON State DC Zip Code 20038-7800

Amount of Each Disbursement this Period

340.60
--------

Purpose of Disbursement  
Airfare

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

718.76
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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)

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

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

A.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-3023 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name	<input type="text" value="360.70"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-3024 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare Candidate Name	<input type="text" value="747.62"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Marie E. Aberger	Transaction ID: SB21B-3025 Date of Disbursement
	Mailing Address 1721 T Street, NW, Apt 22	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend Candidate Name	<input type="text" value="24.64"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1132.96"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth Alexander</p> <p>Mailing Address 1830 17th Street, NW, #T-1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3026</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.36"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Louis A. Beattie, Jr.</p> <p>Mailing Address P.O. BOX 1206</p> <p>City LA CANADA State CA Zip Code 91012</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3027</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="237.51"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anie Borja</p> <p>Mailing Address 530 Grand Street, Apt E3A</p> <p>City New York State NY Zip Code 10002</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3028</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.40"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="289.27"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anie Borja</p> <p>Mailing Address 530 Grand Street, Apt E3A</p> <p>City New York State NY Zip Code 10002</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3029</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 461.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) William M. Daley</p> <p>Mailing Address 1155 23rd Street, NW Unit PH 2C</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3030</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 85.20</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Frances F. Denny</p> <p>Mailing Address 182 E. 95th Street, Apt 21D</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3031</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 90.86</p>

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

**637.56**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Frances F. Denny</p> <p>Mailing Address 182 E. 95th Street, Apt 21D</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3032</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 461.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Orrin Evans</p> <p>Mailing Address 101 N. Gramercy Place</p> <p>City Los Angeles State CA Zip Code 90004</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3033</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 600.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BROOK HEFNER</p> <p>Mailing Address 10323 Woodbine Street, #208</p> <p>City Los Angeles State CA Zip Code 90034</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3034</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 28.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1089.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 64

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

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

A.	Full Name (Last, First, Middle Initial) BROOK HEFNER	Transaction ID: SB21B-3035 Date of Disbursement 05 / 19 / 2011
	Mailing Address 10323 Woodbine Street, #208	Amount of Each Disbursement this Period 568.00
	City Los Angeles State CA Zip Code 90034	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Christina Iskandar	Transaction ID: SB21B-3036 Date of Disbursement 05 / 19 / 2011
	Mailing Address 924 Finnell Way	Amount of Each Disbursement this Period 800.00
	City Placentia State CA Zip Code 92870	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Kelly	Transaction ID: SB21B-3037 Date of Disbursement 05 / 19 / 2011
	Mailing Address 1705 Locust Hill Road	Amount of Each Disbursement this Period 56.00
	City Richmond State VA Zip Code 23238	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1424.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Kelly</p> <p>Mailing Address 1705 Locust Hill Road</p> <p>City Richmond State VA Zip Code 23238</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3038</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 120.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Kelly</p> <p>Mailing Address 1705 Locust Hill Road</p> <p>City Richmond State VA Zip Code 23238</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3039</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 800.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Lavery</p> <p>Mailing Address 1735 17th Street, NW, #B</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3040</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 60.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>980.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Lavery</p> <p>Mailing Address 1735 17th Street, NW, #B</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3041</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3042</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Minor</p> <p>Mailing Address 1323 28th Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3043</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1320.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Brendan Olsen	Transaction ID: SB21B-3044 Date of Disbursement 05 / 19 / 2011
	Mailing Address 20 Baltic Avenue	Amount of Each Disbursement this Period 800.00
	City North Easton State MA Zip Code 02356	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-3045 Date of Disbursement 05 / 19 / 2011
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 138.88
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-3046 Date of Disbursement 05 / 19 / 2011
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 25.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	963.88
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 64

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

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

A.	Full Name (Last, First, Middle Initial) Catherine Pallenik	Transaction ID: SB21B-3047 Date of Disbursement 05 / 19 / 2011
	Mailing Address 10401 Grosvenor Place, Apt 420	Amount of Each Disbursement this Period 800.00
	City North Bethesda State MD Zip Code 20852	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joseph Paulsen	Transaction ID: SB21B-3048 Date of Disbursement 05 / 19 / 2011
	Mailing Address 1600 Beekman Place, NW, Apt B	Amount of Each Disbursement this Period 174.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joseph Paulsen	Transaction ID: SB21B-3049 Date of Disbursement 05 / 19 / 2011
	Mailing Address 1600 Beekman Place, NW, Apt B	Amount of Each Disbursement this Period 142.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1116.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Cole Randle	Transaction ID: SB21B-3050 Date of Disbursement
	Mailing Address 8200 Wisconsin Ave., #1417	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="86.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Cole Randle	Transaction ID: SB21B-3051 Date of Disbursement
	Mailing Address 8200 Wisconsin Ave., #1417	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Baggage Fees	<input type="text" value="25.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Cole Randle	Transaction ID: SB21B-3052 Date of Disbursement
	Mailing Address 8200 Wisconsin Ave., #1417	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Bethesda State MD Zip Code 20814	Amount of Each Disbursement this Period
	Purpose of Disbursement Advance Team Stipend	<input type="text" value="426.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="537.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) DANIEL RASKOV	Transaction ID: SB21B-3053 Date of Disbursement 05 / 19 / 2011
	Mailing Address 316 San Vicente Blvd.	Amount of Each Disbursement this Period 65.75
	City Santa Monica State CA Zip Code 90402	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DANIEL RASKOV	Transaction ID: SB21B-3054 Date of Disbursement 05 / 19 / 2011
	Mailing Address 316 San Vicente Blvd.	Amount of Each Disbursement this Period 600.00
	City Santa Monica State CA Zip Code 90402	
	Purpose of Disbursement Advance Team Stipend	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-3055 Date of Disbursement 05 / 19 / 2011
	Mailing Address 147 D Street, SE	Amount of Each Disbursement this Period 22.45
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Events-Site Supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>688.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3056</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 338.83</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Airline Baggage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3057</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 50.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) IAN ROSE</p> <p>Mailing Address 147 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3058</p> <p>Date of Disbursement 05 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 495.00</p>

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

883.83

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Charles Segars	Transaction ID: SB21B-3059 Date of Disbursement 05 / 19 / 2011
	Mailing Address 10334 Glenbarr Avenue	Amount of Each Disbursement this Period 800.00
	City Los Angeles State CA Zip Code 90064	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Avra Stackpole	Transaction ID: SB21B-3060 Date of Disbursement 05 / 19 / 2011
	Mailing Address 7200 Nathaniel Lane	Amount of Each Disbursement this Period 20.25
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Avra Stackpole	Transaction ID: SB21B-3061 Date of Disbursement 05 / 19 / 2011
	Mailing Address 7200 Nathaniel Lane	Amount of Each Disbursement this Period 429.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1249.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Stephanie Temaat	Transaction ID: SB21B-3062 Date of Disbursement MM / DD / YYYY 05 / 19 / 2011
	Mailing Address 400 Sophy Street	Amount of Each Disbursement this Period 112.00
	City Spearville State KS Zip Code 67876	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stephanie Temaat	Transaction ID: SB21B-3063 Date of Disbursement MM / DD / YYYY 05 / 19 / 2011
	Mailing Address 400 Sophy Street	Amount of Each Disbursement this Period 800.00
	City Spearville State KS Zip Code 67876	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Eric Blackwell	Transaction ID: SB21B-3064 Date of Disbursement MM / DD / YYYY 05 / 23 / 2011
	Mailing Address 4726 N Winthrop Avenue, #3	Amount of Each Disbursement this Period 12.42
	City Chicago State IL Zip Code 60640	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>924.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 64

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

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

A.	Full Name (Last, First, Middle Initial) Eric Blackwell	Transaction ID: SB21B-3065 Date of Disbursement 05 / 23 / 2011
	Mailing Address 4726 N Winthrop Avenue, #3	Amount of Each Disbursement this Period 282.23
	City Chicago State IL Zip Code 60640	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-3066 Date of Disbursement 05 / 23 / 2011
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 12.00
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) James Doody	Transaction ID: SB21B-3067 Date of Disbursement 05 / 23 / 2011
	Mailing Address 44 Hidden Valley Drive	Amount of Each Disbursement this Period 60.00
	City Newark State DE Zip Code 19711	
	Purpose of Disbursement Airline Baggage Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

354.23

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) James Doody</p> <p>Mailing Address 44 Hidden Valley Drive</p> <p>City Newark State DE Zip Code 19711</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3068</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 1062 Hillcrest Drive</p> <p>City Troy State OH Zip Code 45373</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3069</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn Edwards</p> <p>Mailing Address 1062 Hillcrest Drive</p> <p>City Troy State OH Zip Code 45373</p> <p>Purpose of Disbursement Advance Team Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-3070</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BRIAN MCPARTLIN	Transaction ID: SB21B-3071 Date of Disbursement 05 / 23 / 2011
	Mailing Address 1 E. LONNQUIST BLVD.	
	City MOUNT PROSPECT State IL Zip Code 60056	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BRIAN MCPARTLIN	Transaction ID: SB21B-3072 Date of Disbursement 05 / 23 / 2011
	Mailing Address 1 E. LONNQUIST BLVD.	
	City MOUNT PROSPECT State IL Zip Code 60056	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) REID ROSENBERG	Transaction ID: SB21B-3073 Date of Disbursement 05 / 23 / 2011
	Mailing Address 1979 Biltmore Street, NW, Unit A	
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) REID ROSENBERG	Transaction ID: SB21B-3074 Date of Disbursement 05 / 23 / 2011
	Mailing Address 1979 Biltmore Street, NW, Unit A	
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 151.20
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) REID ROSENBERG	Transaction ID: SB21B-3075 Date of Disbursement 05 / 23 / 2011
	Mailing Address 1979 Biltmore Street, NW, Unit A	
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 532.50
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) REID ROSENBERG	Transaction ID: SB21B-3076 Date of Disbursement 05 / 23 / 2011
	Mailing Address 1979 Biltmore Street, NW, Unit A	
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 4.75
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>688.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) REID ROSENBERG	Transaction ID: SB21B-3077 Date of Disbursement 05 / 23 / 2011
	Mailing Address 1979 Biltmore Street, NW, Unit A	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) REID ROSENBERG	Transaction ID: SB21B-3078 Date of Disbursement 05 / 23 / 2011
	Mailing Address 1979 Biltmore Street, NW, Unit A	Amount of Each Disbursement this Period 532.50
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Advance Team Stipend Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ezra R. Watland	Transaction ID: SB21B-3079 Date of Disbursement 05 / 23 / 2011
	Mailing Address 121 Lamar Avenue, #1	Amount of Each Disbursement this Period 25.00
	City Pueblo State CO Zip Code 81004	
	Purpose of Disbursement Airline Baggage Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>582.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ezra R. Watland	Transaction ID: SB21B-3080 Date of Disbursement 05 / 23 / 2011
	Mailing Address 121 Lamar Avenue, #1	Amount of Each Disbursement this Period 700.00
	City Pueblo State CO Zip Code 81004	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ashley Williams	Transaction ID: SB21B-3081 Date of Disbursement 05 / 23 / 2011
	Mailing Address 3923 West Millers Bridge Road	Amount of Each Disbursement this Period 500.00
	City Tallahassee State FL Zip Code 32312	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ashley Williams	Transaction ID: SB21B-3082 Date of Disbursement 05 / 23 / 2011
	Mailing Address 3923 West Millers Bridge Road	Amount of Each Disbursement this Period 244.60
	City Tallahassee State FL Zip Code 32312	
	Purpose of Disbursement Advance Team Stipend	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1444.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	136428.78