

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 Congressional Campaign Committee

ADDRESS (number and street) 430 South Capitol Street, SE 2nd Floor Washington DC 20003 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00000935 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 04 01 2009 through 04 30 2009

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 Jonathan S. Vogel

Signature of Treasurer Electronically Filed by Jonathan S. Vogel Date 05 20 2009

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Democratic Congressional Campaign Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
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|   |   |   |   |
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| Y | Y | Y | Y |
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 To: 

|   |   |
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|   |   |   |   |
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| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 9 |  | 491852.26 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 9 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 3347147.44              |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 3053448.16              | 20250911.21                       |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 6400595.60              | 20742763.47                       |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 2374034.88              | 16716202.75                       |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 4026560.72              | 4026560.72                        |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 7333333.33              |                                   |   |   |   |   |   |   |  |           |

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 Congressional Campaign Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
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|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 1196020.48                    | 7328520.52                        |
| (i) Itemized (use Schedule A) .....  | 963274.00                     | 4326840.93                        |
| (ii) Unitemized .....  | 2159294.48                    | 11655361.45                       |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 184000.00                     | 2723271.71                        |
| (c) Other Political Committees (such as PACs) .....  | 2343294.48                    | 14378633.16                       |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     |                               |                                   |
| 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) ..... | 34536.06                      | 132355.10                         |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 675617.62                     | 5739922.95                        |
| 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)) .....                          | 3053448.16                    | 20250911.21                       |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 3053448.16                    | 20250911.21                       |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)  |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating<br>Expenditures.....   | 1682931.72                            | 10564214.35                               |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b))..... ▶                           | 1682931.72                            | 10564214.35                               |
| 22. Transfers to Affiliated/Other Party<br>Committees.....   | 4520.00                               | 23690.00                                  |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....    | 8497.28                               | 13309.54                                  |
| 24. Independent Expenditure<br>(use Schedule E) .....  | 0.00                                  | 1847251.20                                |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(use Schedule F)..... | 3979.21                               | 88110.99                                  |
| 26. Loan Repayments Made.....  | 666666.67                             | 4166666.67                                |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other<br>Than Political Committees .....                                     | 7440.00                               | 12960.00                                  |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c)) .....                              | 7440.00                               | 12960.00                                  |
| 29. Other Disbursements.....   | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity<br>(from Schedule H6)   |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                              | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                 | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..          | 2374034.88                            | 16716202.75                               |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)..... | 2374034.88                            | 16716202.75                               |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 2343294.48                    | 14378633.16                       |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 7440.00                       | 12960.00                          |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 2335854.48                    | 14365673.16                       |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1682931.72                    | 10564214.35                       |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 34536.06                      | 132355.10                         |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 1648395.66                    | 10431859.25                       |

**SCHEDULE C (FEC Form 3X)**

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

FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**Transaction ID: SC-6954**

|   |   |
|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Bank of America, NA | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 730 15th Street, NW   |   |
| City Washington State DC ZIP Code 20005   |   |

|  |   |   |
|--|---|---|
| Original Amount of Loan<br>20000000.00 | Cumulative Payment To Date<br>12666666.67 | Balance Outstanding at Close of This Period<br>7333333.33 |
|--|---|---|

**TERMS**

|  |          |               |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |
|--|----------|---------------|---|---|--|---|---|---|---|--|---|---|---|---|---|---|---|---|------------|
| Date Incurred  | Date Due | Interest Rate | Secured:  |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |
| <table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td></tr> </table> | M        | M             | 0   | 9 | <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>8</td></tr> </table> | D | D | 0 | 8 | <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | 03/31/2010 |
| M  | M        |               |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |
| 0  | 9        |               |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |
| D  | D        |               |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |
| 0  | 8        |               |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |
| Y  | Y        | Y             | Y   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |
| 2  | 0        | 0             | 8   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |
|  |          |               | BBA LIBOR + 3 % (apr)   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |
|  |          |               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |            |

| List All Endorsers or Guarantors (if any) to Loan Source |  |
|--|--|
| Full Name (Last, First, Middle Initial)                  | Name of Employer   |
| Mailing Address  | Occupation   |
| City State ZIP Code                                      | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial)                  | Name of Employer   |
| Mailing Address  | Occupation   |
| City State ZIP Code                                      | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial)                  | Name of Employer   |
| Mailing Address  | Occupation   |
| City State ZIP Code                                      | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial)                  | Name of Employer   |
| Mailing Address  | Occupation   |
| City State ZIP Code                                      | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

|  |  |
|--|--|
| <b>SUBTOTALS</b> This Period This Page (optional) .....  | <input style="width: 100%;" type="text" value="7333333.33"/> |
| <b>TOTALS</b> This Period (last page in this line only) .....  | <input style="width: 100%;" type="text" value="7333333.33"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |  |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 551

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Joanne A. Abey

Mailing Address 1763 Buena Vista Ave  
Unit 302

City State Zip Code  
Livermore CA 94550-8910

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2009

**Transaction ID:** C6063680

Amount of Each Receipt this Period  
105.00

**B.**

Full Name (Last, First, Middle Initial)  
S. Daniel Abraham

Mailing Address 150 Bradley Pl

City State Zip Code  
Palm Beach FL 33480-3686

FEC ID number of contributing federal political committee. C

Name of Employer Energy Foods of America LLC Occupation  
Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
23000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2009

**Transaction ID:** C6056436

Amount of Each Receipt this Period  
23000.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd Adair

Mailing Address 2242 Carmelita Dr.

City State Zip Code  
San Carlos CA 94070

FEC ID number of contributing federal political committee. C

Name of Employer BKF Engineers Occupation  
Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 20 / 2009

**Transaction ID:** C6007457

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 23355.00

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

Form/Schedule : **SA**

Transaction ID :

Schedule A supporting Line 17 discloses payment(s) from American List Counsel, Inc. and from individuals for goods and/or services, including equipment, supplies, personnel & advertising services. These payments reflect the usual and normal charge for the lists, which have an ascertainable value. The amounts of the payments were determined by looking to the amounts paid for similar lists under normal commercial practices or by looking at the fair market value of similar goods and/or services.



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

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

FOR LINE NUMBER: PAGE 9 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Danny Adams

Mailing Address 11510 Foxclove Rd

City State Zip Code  
Oakton VA 22124-1151

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

Name of Employer Occupation  
Kelley Doye & Warren Llp Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6070455

Amount of Each Receipt this Period  
450.00

**B.** Full Name (Last, First, Middle Initial)  
Mariette Pathy Allen

Mailing Address 100 Riverside Drive  
Apt 15 A/B

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Self-Employed Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6058367

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Susan W. Almy

Mailing Address 266 Poverty Ln

City State Zip Code  
Lebanon NH 03766-2729

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056509

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

**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 10 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Cesar L. Alvarez

Mailing Address 1221 Brickell Ave  
Suite 900

City State Zip Code  
Miami FL 33131-3224

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Greenberg Traurig Attorney and CEO

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056354

Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Karen C. Amlong

Mailing Address 1343 Ponce De Leon Dr

City State Zip Code  
Fort Lauderdale FL 33316-1364

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Amlong and Amlong Attorney

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6082274

Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Ann Anderson

Mailing Address 5040 Northside Dr NW

City State Zip Code  
Atlanta GA 30327-4422

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

**Transaction ID:** C6069647

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 5400.00

**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 11 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Leon H. Anderson

Mailing Address 12320 Millstream Dr

City State Zip Code  
Bowie MD 20715-1547

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C6083466

Amount of Each Receipt this Period  
110.00

**B.**

Full Name (Last, First, Middle Initial)  
Amber Anderson-Mostyn

Mailing Address 200 Westcott St

City State Zip Code  
Houston TX 77007-7004

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

Name of Employer Mostyn Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056525

Amount of Each Receipt this Period  
30400.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald C. Arbitblit

Mailing Address 988 Creston Rd

City State Zip Code  
Berkeley CA 94708-1544

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

Name of Employer Lief, Cabraser, Heimann & Bernstein Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056399

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **35510.00**

**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 12 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Madeleine Arison

Mailing Address 9999 Collins Ave  
Apt 15-GJ

City State Zip Code  
Bal Harbour FL 33154

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6056374

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Kurt Arnold

Mailing Address 1401 McKinney St  
Ste 2550

City State Zip Code  
Houston TX 77010-4048

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

Name of Employer Arnold and Itkin LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056513

Amount of Each Receipt this Period  
5000.00

**C.**

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

Mailing Address PO Box 314

City State Zip Code  
Mandeville LA 70470-0314

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

Name of Employer Rosenblum Mental Health Ctr Occupation Psychiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6059500

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6225.00**

**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 13 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Ann Arretteig  
Mailing Address PO Box 314  
City Mandeville State LA Zip Code 70470-0314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rosenblum Mental Health Ctr Occupation Psychiatrist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6057283  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Melvin Backman  
Mailing Address 11 Northfield Rd  
City Glen Cove State NY Zip Code 11542-1717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6059530  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Bacon  
Mailing Address 1715 Hoban Road NW  
City Washington State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Refugees International Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6084652  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00  
**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 14 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Cedric Bainton

Mailing Address 50 Ventura Ave

City San Francisco State CA Zip Code 94116

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 27 / 2009

Transaction ID: C6089673

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
David Baker

Mailing Address 1197 Roesville Rd

City Felton State DE Zip Code 19943-4455

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

Name of Employer Kent Co Levy Court Occupation Wastewater Operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6059260

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward D. Bantel

Mailing Address 8145 E. Glenrosa Ave

City Scottsdale State AZ Zip Code 85251

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

Name of Employer Southwest Risk Services Occupation Program Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.40

Date of Receipt 04 / 23 / 2009

Transaction ID: C6079075

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 15 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Joshua Bar-Lev

Mailing Address 84 Gypsy Lane

City Berkeley State CA Zip Code 94705

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

Name of Employer Bright Source Energy Occupation VP, Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2009

Transaction ID: C6056380

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Richard C Barron

Mailing Address 225 Tampico Glen

City Escondido State CA Zip Code 92025

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

Name of Employer Allen Barron Inc Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 22 / 2009

Transaction ID: C6088912

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Dewey L. L. Barton

Mailing Address 125 Sterling Oak Ln

City Mooresville State NC Zip Code 28117-6696

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 19 / 2009

Transaction ID: C6070488

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**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 16 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Herbert Beebe  
 Mailing Address PO Box 3458  
 City State Zip Code  
 Las Cruces NM 88003-3458  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 9  
**Transaction ID:** C6057519  
 Amount of Each Receipt this Period  
 400.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
Sanra J. Belkind  
 Mailing Address 18151 NE 31 Court  
 817  
 City State Zip Code  
 Aventura FL 33160  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9  
**Transaction ID:** C6088734  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Michael R. Bell  
 Mailing Address 12 E Rowan Ave  
 Ste 2  
 City State Zip Code  
 Spokane WA 99207-1281  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 9  
**Transaction ID:** C6088547  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**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 17 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Ian Benham  
Mailing Address 184 W Poplar Ave  
City San Mateo State CA Zip Code 94402-1152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kaiser Permanente Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 10 / 2009  
Transaction ID: C6082066  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Cecilia Benner  
Mailing Address 121 Elm Park Ave  
City Pleasant Rdg State MI Zip Code 48069-1044  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 211.00  
Date of Receipt 04 / 15 / 2009  
Transaction ID: C6082942  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Charles E. Bennett  
Mailing Address 7411 Goshen Ct.  
City Manassas State VA Zip Code 20112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 04 / 07 / 2009  
Transaction ID: C6061091  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00  
**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 18 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles E. Bennett

Mailing Address 7411 Goshen Ct.

City Manassas State VA Zip Code 20112

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 28 / 2009  
**Transaction ID:** C6061090  
 Amount of Each Receipt this Period: 85.00

**B.** Full Name (Last, First, Middle Initial)  
John Bennett

Mailing Address 137 Seabreeze Ave

City Delray Beach State FL Zip Code 33483-7017

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

Name of Employer Maritime Protection Security Inc. Occupation Maritime Security

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 19 / 2009  
**Transaction ID:** C6065597  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Toby Berger

Mailing Address 810 Gilliams Mountain Rd.

City Charlottesville State VA Zip Code 22903

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

Name of Employer UVA Charlottesville Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.80

Date of Receipt: 04 / 27 / 2009  
**Transaction ID:** C6075519  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 235.00

**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 19 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Georgianna m. Bergeron

Mailing Address PO Box 333

City Onyx State CA Zip Code 93255-0333

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt: 04 / 28 / 2009

Transaction ID: C6083176

Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Fred M.. M. Bering

Mailing Address 3366 Meadow Rdg

City Redding State CT Zip Code 06896-3229

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 04 / 30 / 2009

Transaction ID: C6058122

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Michael S. Berman

Mailing Address 2801 New Mexico Ave NW Apt 817

City Washington State DC Zip Code 20007-3910

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

Name of Employer Duberstein Group, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 27 / 2009

Transaction ID: C6056393

Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6100.00

**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 20 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Emilie W Betts

Mailing Address 23 Valley Rd

City State Zip Code  
Norwalk CT 06854-5011

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

Transaction ID: C6064395

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark Bezrodny

Mailing Address 465 14th Ave  
Apt 9

City State Zip Code  
San Francisco CA 94118-2802

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6082772

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Bezrodny

Mailing Address 465 14th Ave  
Apt 9

City State Zip Code  
San Francisco CA 94118-2802

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6077681

Amount of Each Receipt this Period  
35.00

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

125.00

**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 21 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jean-Paul Bierny

Mailing Address 15 E Calle Conquista

City Tucson State AZ Zip Code 85716-4908

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

Name of Employer Radiology Ltd Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID: C6070416**  
 Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Jean-Paul Bierny

Mailing Address 15 E Calle Conquista

City Tucson State AZ Zip Code 85716-4908

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

Name of Employer Radiology Ltd Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 27 / 2009  
**Transaction ID: C6088790**  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Lee Bird

Mailing Address PO Box 56

City Washington State VA Zip Code 22747-0056

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID: C6062032**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

**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 22 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary I. Bird

Mailing Address 302 N 4th Ave

City State Zip Code  
Abbotsford WI 54405-9727

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6088771

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary I. Bird

Mailing Address 302 N 4th Ave

City State Zip Code  
Abbotsford WI 54405-9727

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6088772

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Budd Harris Bishop

Mailing Address PO Box 258

City State Zip Code  
Livingston TN 38570-0258

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: C6058580

Amount of Each Receipt this Period

100.00

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

200.00

**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 23 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Sydelle Blatt

Mailing Address 734 Yokum Pond Rd

City State Zip Code  
Becket MA 01223-9752

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6080942

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Lisa A. Blue-Baron

Mailing Address 5950 Deloache Ave

City State Zip Code  
Dallas TX 75225-3005

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

Name of Employer Baron and Blue Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056491

Amount of Each Receipt this Period  
25000.00

**C.** Full Name (Last, First, Middle Initial)  
Amy M. Blumenthal

Mailing Address 3500 Oak Lawn Ave Ste 400

City State Zip Code  
Dallas TX 75219-4343

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056458

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 26500.00

**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 24 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Barbara Blywise

Mailing Address 31849 48th Circle SW

City State Zip Code  
Federal Way WA 98023

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

Name of Employer Self-Employed Occupation  
Mental Health Counselor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 9

Transaction ID: C6090136

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Alma Bonar

Mailing Address 253 E 3rd St.

City State Zip Code  
El Paso IL 61738

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

Name of Employer Information Requested Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: C6084314

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Alma Bonar

Mailing Address 253 E 3rd St.

City State Zip Code  
El Paso IL 61738

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

Name of Employer Information Requested Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: C6084313

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **370.00**

**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 25 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Alpha Bond

Mailing Address 2319 Clayton St.

City State Zip Code  
Macon GA 31204

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C6075811

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Curtis C. Bondurant

Mailing Address 9551 NE New Brooklyn Rd

City State Zip Code  
Bainbridge Island WA 98110-3618

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
249.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6083545

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)

Angie Bosetti

Mailing Address P.O. Box 437

City State Zip Code  
Sparta NJ 07871

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: C6085001

Amount of Each Receipt this Period  
200.00

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

500.00

**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 26 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Colin I. Bowrey

Mailing Address 14569 167th St.

City State Zip Code  
Jamaica NY 11434

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 282.90

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

Transaction ID: C6084856

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Montie Box

Mailing Address PO Box 98  
1025 N. Woodland Pl

City State Zip Code  
Sand Springs OK 74063

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

Name of Employer Information Requested Occupation Information Requested  
Montie Box Real Estate Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2009

Transaction ID: C6007335

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Bill Boyd

Mailing Address PO Box 1179

City State Zip Code  
McKinney TX 75070-8148

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

Name of Employer Information Requested Occupation Information Requested  
Boyd Veigel, PC Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: C6056468

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 27 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Margie E. Boyles

Mailing Address 2426 N Terrace Ave

City Milwaukee State WI Zip Code 53211-4511

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 19 / 2009

Transaction ID: C6070939

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Brad Brady

Mailing Address 1570 Shady Ct NW

City Swisher State IA Zip Code 52338-9456

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

Name of Employer Brady and O'Shea Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056507

Amount of Each Receipt this Period 5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles M. Brain

Mailing Address 6528 Ivy Hill Drive

City Mc Lean State VA Zip Code 22101-5204

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

Name of Employer Capitol Hill Strategies Occupation Legislative Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 22 / 2009

Transaction ID: C6056364

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10150.00

**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 28 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Suzanne Bratcher

Mailing Address 147 Silver Springs Rd.

City State Zip Code  
Bailey CO 80421

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

Name of Employer Self-Employed Occupation  
Self-Employed Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6090195

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
David Bravender

Mailing Address PO Box 250

City State Zip Code  
Freeland WA 98249-0250

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

Name of Employer N/A Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

**Transaction ID:** C6090047

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
David Bravender

Mailing Address PO Box 250

City State Zip Code  
Freeland WA 98249-0250

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

Name of Employer N/A Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C6089315

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

**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 29 / 551  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
David Bravender

Mailing Address PO Box 250

City Freeland State WA Zip Code 98249-0250

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 28 / 2009  
**Transaction ID: C6089316**  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
David Bravender

Mailing Address PO Box 250

City Freeland State WA Zip Code 98249-0250

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 29 / 2009  
**Transaction ID: C6089317**  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Lisa Breslau

Mailing Address 1424 38th Street

City Sacramento State CA Zip Code 95816

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID: C6056441**  
 Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5150.00

**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 30 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Esther Breslow

Mailing Address 44 W 77th St  
# 9E

City State Zip Code  
New York NY 10024-5150

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

Name of Employer Occupation  
Wull Medical College Corn- Professor  
ell

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6063101

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Curtis F. Brewer

Mailing Address 510 E 86th St  
Apt 17A

City State Zip Code  
New York NY 10028-7508

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

Name of Employer Occupation  
Albert Einstein College Professor  
of Medicine

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6074793

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Tim Bridge

Mailing Address 60 Robinhood Dr.

City State Zip Code  
San Francisco CA 94127

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6084161

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 31 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Eleanor Briggs

Mailing Address 86 Kings Hwy

City Hancock State NH Zip Code 03449-5115

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

Name of Employer Self-Employed Occupation Photographer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 22 / 2009

**Transaction ID:** C6088944

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
W. F. Brissenden

Mailing Address 1400 S Bates Ave

City Springfield State IL Zip Code 62704-3346

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2009

**Transaction ID:** C6071239

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy Britz

Mailing Address 154 Topsfield Rd  
11 Tall Pine Rd.

City Ipswich State MA Zip Code 01938-1678

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

Name of Employer Self-Employed Occupation Grower

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 21 / 2009

**Transaction ID:** C6068930

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

**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 32 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mary Broad   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 22 / 2009 |
| Mailing Address 2025 E. Lincoln St.<br>Apt. 1303  |                                    | <b>Transaction ID:</b> C6090612                     |
| City<br>Bloomington   | State<br>IL                        | Zip Code<br>61701                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>75.00         |
| Name of Employer<br>N/A   | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ernie P. Broussard   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 29 / 2009 |
| Mailing Address 318 Morris Ave,<br>P.O. Box 360   |                                    | <b>Transaction ID:</b> C6089109                     |
| City<br>Estherwood  | State<br>LA                        | Zip Code<br>70534                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Self-Employed   | Occupation<br>Sabs                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Larry Brown  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address P.O. Box 4451   |                                     | <b>Transaction ID:</b> C6075806                     |
| City<br>Honolulu  | State<br>HI                         | Zip Code<br>96812                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>160.00        |
| Name of Employer<br>Information Requested   | Occupation<br>Information Requested |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>320.00  |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 485.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Melissa C. Brown

Mailing Address 2315 Capitol Ave

City Sacramento State CA Zip Code 95816-5812

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

Name of Employer Farrell Fraulob & Brown Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056420

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Phyllis J. Brown

Mailing Address 4285 Bannock Hwy

City Pocatello State ID Zip Code 83204-4523

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 19 / 2009

Transaction ID: C6088512

Amount of Each Receipt this Period 60.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas W. Brown

Mailing Address 4241 N Sand Rd

City Hershey State NE Zip Code 69143-5322

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

Name of Employer Self-Employed Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2009

Transaction ID: C6070282

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1310.00

**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 34 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Anne M. Brownell

Mailing Address 122 Duke's County Ave.

City State Zip Code  
Oak Bluffs MA 02557

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

Name of Employer Occupation  
Self-Employed Mental Health Counselor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6061581

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Preston Browning

Mailing Address PO Box 2006

City State Zip Code  
Ashfield MA 01330-2006

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 202.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

Transaction ID: C6082427

Amount of Each Receipt this Period

38.00

**C.**

Full Name (Last, First, Middle Initial)

Preston Browning

Mailing Address PO Box 2006

City State Zip Code  
Ashfield MA 01330-2006

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 202.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: C6082428

Amount of Each Receipt this Period

50.00

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

488.00

**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 35 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Donne Brownsey

Mailing Address 6406 Oakridge Way

City State Zip Code  
Sacramento CA 95831-2234

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

Name of Employer Occupation  
Sacramento Advocates Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056428

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
David Bugatto

Mailing Address 4425 I Street

City State Zip Code  
Sacramento CA 95819

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

Name of Employer Occupation  
Alleghany Properties Investments

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6056387

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Brooks R. Burdette

Mailing Address 919 3rd Ave.

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6080060

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**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 36 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Philip M. Burger

Mailing Address 26622 W Greentree Ct

City Olathe State KS Zip Code 66061-7319

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

Name of Employer Burger & Brown Engr Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6090063

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ron Burkle

Mailing Address 9130 W Sunset Blvd

City Los Angeles State CA Zip Code 90069-3110

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

Name of Employer The Yucaipa Companies LLC Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C6007350

Amount of Each Receipt this Period 30400.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Burman

Mailing Address 5450 Whitley Park Ter Apt. 612

City Bethesda State MD Zip Code 20814-2056

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

Name of Employer Burman Properties Inc. Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

Transaction ID: C6062490

Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30705.00

**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 37 / 551  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Lester Buster

Mailing Address 3350 Cherry Hills Ct  
Apt A303

City State Zip Code  
Fairfield CA 94534-7859

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6057770

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Lester Buster

Mailing Address 3350 Cherry Hills Ct  
Apt A303

City State Zip Code  
Fairfield CA 94534-7859

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6057771

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Alice Butterworth

Mailing Address 907 W Milborn St

City State Zip Code  
Marion IN 46952-1354

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

Name of Employer Self-Employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 9 / 2 0 0 9

**Transaction ID:** C6069575

Amount of Each Receipt this Period  
64.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **189.00**

**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 38 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Miriam B. Butterworth

Mailing Address 81 Sunset Farm Rd

City State Zip Code  
West Hartford CT 06107-1332

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 311.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6058927

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Constance Cabell

Mailing Address 10932 172nd St  
Uppr

City State Zip Code  
Jamaica NY 11433-3032

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C6065238

Amount of Each Receipt this Period  
120.00

**C.**

Full Name (Last, First, Middle Initial)  
Constance Cabell

Mailing Address 10932 172nd St  
Uppr

City State Zip Code  
Jamaica NY 11433-3032

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C6065240

Amount of Each Receipt this Period  
50.00

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

320.00

**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 39 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Constance Cabell   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 10932 172nd St<br>Uppr  |                                    | <b>Transaction ID:</b> C6065239                     |
| City<br>Jamaica   | State<br>NY                        | Zip Code<br>11433-3032                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>120.00        |
| Name of Employer<br>N/A   | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>365.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Wiener Cadet   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 21 / 2009 |
| Mailing Address 8394 Cannonwood Ln.   |                                     | <b>Transaction ID:</b> C6065950                     |
| City<br>Jacksonville  | State<br>FL                         | Zip Code<br>32216                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>U.S Army Corps of Engineers   | Occupation<br>Civil Engineer        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1050.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Edward A. Cage   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 944 Yeoman St.  |                                    | <b>Transaction ID:</b> C6057168                     |
| City<br>Waukegan  | State<br>IL                        | Zip Code<br>60085                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>400.00        |
| Name of Employer<br>N/A   | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1020.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Doreen Cahoon

Mailing Address 2490 Fairmount Blvd.

City State Zip Code  
Cleveland OH 44106

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6079476

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
William Calhoun

Mailing Address 7204 Wellington Dr

City State Zip Code  
Knoxville TN 37919-5936

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6077560

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
William Calhoun

Mailing Address 7204 Wellington Dr

City State Zip Code  
Knoxville TN 37919-5936

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: C6082638

Amount of Each Receipt this Period

150.00

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

600.00

**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 41 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

John W. Callender

Mailing Address 10833 Folsom Blvd., #240  
Rancho Cordova

City State Zip Code  
Rancho Cordova CA 95670

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6091337

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Leonard Cargan

Mailing Address 209 Whitehall Dr

City State Zip Code  
Yellow Spgs OH 45387-1936

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: C6068452

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Elsie R. Carr

Mailing Address 100 Thorndale Dr  
Apt 306

City State Zip Code  
San Rafael CA 94903-4569

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6062848

Amount of Each Receipt this Period

510.00

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

845.00

**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 42 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Dorothy E. Cecil

Mailing Address 500 E Marylyn Ave  
Apt F95

City State Zip Code  
State College PA 16801-6223

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6074747

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Joanna L. Challacombe

Mailing Address 11 S Wille St  
Apt 502

City State Zip Code  
Mount Prospect IL 60056-3151

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6089946

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Chapin

Mailing Address 829 Gonzales Rd

City State Zip Code  
Santa Fe NM 87501-8924

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

**Transaction ID:** C6089077

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 170.00

**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 43 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul Chapin

Mailing Address 829 Gonzales Rd

City State Zip Code  
Santa Fe NM 87501-8924

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 04 / 29 / 2009  
Transaction ID: C6089078  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Julie Anne Chase

Mailing Address 1546 32nd Street, NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Chase Communications Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 20 / 2009  
Transaction ID: C6007453  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Hazem H Chehabi

Mailing Address 145 Irvine Cove Court

City State Zip Code  
Laguna Beach CA 92651

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

Name of Employer Newport Diagnostic Center Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056444  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6100.00

**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 44 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Childs

Mailing Address 25 Bonner St

City State Zip Code  
Stamford CT 06902-6609

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

Name of Employer Information Requested Occupation  
Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6064610

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Chorchiel

Mailing Address 377 Smith St. # 6

City State Zip Code  
Perth Amboy NJ 08861

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

Name of Employer Occupation  
Century Distribution Corp- Warehouse Worker  
oration Ediso

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6078844

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Chorchiel

Mailing Address 377 Smith St. # 6

City State Zip Code  
Perth Amboy NJ 08861

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

Name of Employer Occupation  
Century Distribution Corp- Warehouse Worker  
oration Ediso

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 635.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6078842

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **340.00**

**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 45 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Chorchiel

Mailing Address 377 Smith St. # 6

City State Zip Code  
Perth Amboy NJ 08861

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

Name of Employer Occupation  
Century Distribution Corporation Ediso Warehouse Worker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 635.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6078843

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)

Myra Chow

Mailing Address 54 Shell Rd

City State Zip Code  
Mill Valley CA 94941-1550

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C6007456

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Toni Christianson

Mailing Address 17544 Valentine Rd

City State Zip Code  
Mount Vernon WA 98273-7196

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

Name of Employer Occupation  
Christianson's Nursery Owner

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 209.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6057978

Amount of Each Receipt this Period  
209.00

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

724.00

**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 46 / 551  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Yon K. Chung

Mailing Address 8220 Topanga Canyon Blvd.

City State Zip Code  
Canoga Park CA 91304

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

**Transaction ID:** C6060605

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Deb Cirksena

Mailing Address 2025 Sewell St

City State Zip Code  
Lincoln NE 68502-3847

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

Name of Employer Self-Employed Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6063810

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen Cloobek

Mailing Address 3745 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89109-4308

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

Name of Employer Diamond Resorts Occupation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C6007333

Amount of Each Receipt this Period  
30400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30900.00

**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 47 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Arnold Cohen   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 14 / 2009 |
| Mailing Address 500 Bayview Dr<br>Apt. 1120   |                                     | Transaction ID: C6007352                            |
| City Sunny Isles Beach  | State FL                            | Zip Code 33160-4710                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer N/A  | Occupation Retired                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Marsha Cohen   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 27 / 2009 |
| Mailing Address 2201 Lyon St  |                                     | Transaction ID: C6056385                            |
| City San Francisco  | State CA                            | Zip Code 94115-1008                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>2000.00       |
| Name of Employer University of California   | Occupation Professor                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Michele Colella  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 2138 63rd St  |                                    | Transaction ID: C6059677                            |
| City Brooklyn   | State NY                           | Zip Code 11204-3058                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer N/A  | Occupation Retired                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Joanne Coleman

Mailing Address PO Box 768

City State Zip Code  
Farmersville TX 75442-0768

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

Name of Employer Occupation  
First Bank Farmersville TX Real Estate Loan Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C6069983

Amount of Each Receipt this Period

230.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Colwell

Mailing Address 2030 Karren Ln

City State Zip Code  
Carlsbad CA 92008-2726

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

Transaction ID: C6062734

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Janet Conn

Mailing Address 5804 Oak Ln

City State Zip Code  
Edina MN 55436-2229

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

Name of Employer Occupation  
Target Corp Payroll System Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: C6061886

Amount of Each Receipt this Period

250.00

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

535.00

**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 49 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Frances D. Cook

Mailing Address 767 NW 18th St

City State Zip Code  
Homestead FL 33030-4051

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6069425

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia Cooper

Mailing Address 100 Fieldstone Ct

City State Zip Code  
Chapel Hill NC 27514-9556

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

Name of Employer Occupation  
N/A Disabled

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: C6064788

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas E. Cooper

Mailing Address PO Box 234  
P.O. Box 234

City State Zip Code  
Iuka MS 38852-0234

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6062199

Amount of Each Receipt this Period  
200.00

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

500.00

**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 50 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Edward A. Copley   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 1700 Pacific Suite 4100   |                                     | <b>Transaction ID:</b> C6056470                     |
| City Dallas   | State TX                            | Zip Code 75201-4675                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Akin Gump   | Occupation<br>Attorney              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Charles S. Cox   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 22 / 2009 |
| Mailing Address 12926 Via Grimaldi  |                                    | <b>Transaction ID:</b> C6089995                     |
| City Del Mar  | State CA                           | Zip Code 92014-3726                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>N/A   | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Gregory F. Cox   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 2665 Long Street  |                                     | <b>Transaction ID:</b> C6056473                     |
| City Beaumont   | State TX                            | Zip Code 77707-1214                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>5000.00       |
| Name of Employer<br>Mostyn Law Firm   | Occupation<br>Attorney              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Ann W. Craig

Mailing Address 260 Oak St

City State Zip Code  
Oberlin OH 44074-1518

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6088654

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

Vivian Cress

Mailing Address 1985 Graeagle Ln

City State Zip Code  
Lincoln CA 95648-8683

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 9

Transaction ID: C6090056

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew S. Crichton

Mailing Address PO Box 129

City State Zip Code  
Bondville VT 05340-0129

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: C6083082

Amount of Each Receipt this Period  
200.00

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

350.00

**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 52 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Ashle Crocker

Mailing Address 6120 4th Ave

City State Zip Code  
Sacramento CA 95817

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

Name of Employer Occupation  
Remy, Thomas, Mouse, Man- Attorney  
ey

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056515

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Crocker

Mailing Address 316 Singing Brook Cir.

City State Zip Code  
Santa Rosa CA 95409

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C6076880

Amount of Each Receipt this Period

208.00

**C.**

Full Name (Last, First, Middle Initial)

Margareth Crosnier de Bellaistre

Mailing Address 20-43 Seagirt Blvd #4!

City State Zip Code  
Far Rockaway NY 11691

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

Name of Employer Occupation  
DFMS Finance

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6089446

Amount of Each Receipt this Period

20.00

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

1228.00

**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 53 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Margareth Crosnier de Bellaistre

Mailing Address 20-43 Seagirt Blvd #4!

City State Zip Code  
Far Rockaway NY 11691

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

Name of Employer Occupation  
DFMS Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: C6089447

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
Margareth Crosnier de Bellaistre

Mailing Address 20-43 Seagirt Blvd #4!

City State Zip Code  
Far Rockaway NY 11691

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

Name of Employer Occupation  
DFMS Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6089448

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)  
Areta Crowell

Mailing Address 2934 N Beachwood Dr

City State Zip Code  
Los Angeles CA 90068-1926

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

Transaction ID: C6067865

Amount of Each Receipt this Period

15.00

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

60.00

**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 54 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ian M. Cumming

Mailing Address PO Box 4902

City State Zip Code  
Jackson WY 83001

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

Name of Employer Occupation  
Leucadia National Corporation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 23300.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6007448

Amount of Each Receipt this Period  
23300.00

**B.**

Full Name (Last, First, Middle Initial)  
James Cummings

Mailing Address 1180 Union St # 2

City State Zip Code  
San Francisco CA 94109-2019

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

Name of Employer Occupation  
Towers Perrin Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6090044

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Rosalie Cuneo Amer

Mailing Address 5524 Caleb Ave.

City State Zip Code  
Sacramento CA 95819

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

Name of Employer Occupation  
Los Rios CC District Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056452

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **24400.00**

**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 55 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Michael K. Curtis

Mailing Address 201 E Avondale Drive

City Greensboro State NC Zip Code 27403

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

Name of Employer WFU Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 04 / 19 / 2009  
**Transaction ID: C6088581**  
 Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Carol Joan Cutter

Mailing Address 910 S Sierra Vista Ave.

City Alhambra State CA Zip Code 91801

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

Name of Employer Self-Employed Occupation Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 21 / 2009  
**Transaction ID: C6073144**  
 Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Carl James Dahn

Mailing Address 2704 George Ct

City Rolling Meadows State IL Zip Code 60008-1713

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 04 / 01 / 2009  
**Transaction ID: C6090686**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 56 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Carl James Dahn

Mailing Address 2704 George Ct

City State Zip Code  
Rolling Meadows IL 60008-1713

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6090687

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Violette F. Dailey

Mailing Address 3621 N 68th St

City State Zip Code  
Scottsdale AZ 85251-5311

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6065634

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
Margaret J. Dalal

Mailing Address 1633 Webster St

City State Zip Code  
Palo Alto CA 94301-3852

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 4 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6059600

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **720.00**

**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 57 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Muriel R. Danis

Mailing Address 12 Maynard St. Apt. 3

City Putnam State CT Zip Code 06260

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2009

Transaction ID: C6084672

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Muriel R. Danis

Mailing Address 12 Maynard St. Apt. 3

City Putnam State CT Zip Code 06260

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2009

Transaction ID: C6084671

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Elinore Darland

Mailing Address 3094 Hendricks Hill Dr

City Eugene State OR Zip Code 97403-3202

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 27 / 2009

Transaction ID: C6068959

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

**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 58 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
C. Duane Dauner

Mailing Address 1215 K St  
Suite 800

City State Zip Code  
Sacramento CA 95814

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

Name of Employer Occupation  
California Hospital Assoc- President  
iation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056414

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Roberta Davidson

Mailing Address 532 N Central Ave.

City State Zip Code  
Prestonsburg KY 41653

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 527.80

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: C6060959

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Melinda Davis

Mailing Address 228 Laurel Ct

City State Zip Code  
Dawson GA 39842-4311

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6065610

Amount of Each Receipt this Period

500.00

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

2550.00

**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 59 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Willie Davis

Mailing Address 238 Glenwood Ave.

City East Orange State NJ Zip Code 07017

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 28 / 2009

**Transaction ID:** C6074291

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Lucille D. Deckman

Mailing Address 149 Wyndham Way Apt 116

City Petaluma State CA Zip Code 94954-3865

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 13 / 2009

**Transaction ID:** C6083353

Amount of Each Receipt this Period 75.00

**C.** Full Name (Last, First, Middle Initial)  
Tadesse Degeta

Mailing Address 3118 S Granby Way

City Aurora State CO Zip Code 80014-3837

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

Name of Employer Barton Protective Service Occupation Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt 04 / 13 / 2009

**Transaction ID:** C6059289

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

**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 60 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Frank Dellorso   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 17 / 2009 |
| Mailing Address 24 Greenwood Lane   |                                    | <b>Transaction ID:</b> C6007341                     |
| City<br>Valhalla  | State<br>NY                        | Zip Code<br>10595                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Villa Construction  | Occupation<br>Principal            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Aaron J. DeLuca  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 19414 Bremerton Lane  |                                     | <b>Transaction ID:</b> C6056459                     |
| City<br>Spring  | State<br>TX                         | Zip Code<br>77388                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Self-Employed   | Occupation<br>Attorney              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dwain Dent   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 1120 Penn St  |                                     | <b>Transaction ID:</b> C6056502                     |
| City<br>Fort Worth  | State<br>TX                         | Zip Code<br>76102-3417                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>2000.00       |
| Name of Employer<br>Self-Employed   | Occupation<br>Attorney              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
J K. Derden

Mailing Address 123 Barley Rd

City State Zip Code  
Arcata CA 95521

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

Name of Employer Humboldt State University Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6059214

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
R Neil Dickman

Mailing Address 2623 O St NW

City State Zip Code  
Washington DC 20007-3124

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6083057

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dennis W. Dickson

Mailing Address 13919 Shipwreck Cir N

City State Zip Code  
Jacksonville FL 32224-1121

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

Name of Employer Mayo Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6077859

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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 62 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Sharon L. Dishman    |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |   |  |
|   | Mailing Address 5331 Carmen Way                                 |                                     | <b>Transaction ID:</b> C6056434                     |   |  |
|   | City<br>Sacramento  | State<br>CA                         | Zip Code<br>95822                                   | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer<br>Self-Employed                               |                                     | Occupation<br>Caretaker                             |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|   |   |                                    |   |   |  |
|---|---|------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Abida Diwan          |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 27 / 2009 |   |  |
|   | Mailing Address 6365 Collins Ave<br>Apt 1602                    |                                    | <b>Transaction ID:</b> C6089194                     |   |  |
|   | City<br>Miami Beach   | State<br>FL                        | Zip Code<br>33141                                   | Amount of Each Receipt this Period<br>35.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |   |  |
|   | Name of Employer<br>N/A   |                                    | Occupation<br>Homemaker                             |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>235.00 |   |   |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Eileen C. Doherty    |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 27 / 2009 |  |  |
|   | Mailing Address 3632 N Janssen Ave                              |                                    | <b>Transaction ID:</b> C6089771                     |  |  |
|   | City<br>Chicago   | State<br>IL                        | Zip Code<br>60613                                   | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>IBM   |                                    | Occupation<br>Director, BT CIO                      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>350.00 |   |  |  |

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

1135.00

**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 63 / 551

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Curt Dombek

Mailing Address 2641 Nichols Canyon Road

City State Zip Code  
Los Angeles CA 90046

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

Name of Employer Occupation  
Bryan Cave Law Offices Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 9500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C6056352

Amount of Each Receipt this Period

2375.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher J. Donatelli

Mailing Address 3031 Gates Rd NW

City State Zip Code  
Washington DC 20008-2118

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

Name of Employer Occupation  
Donatelli Development Inc. President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056432

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Bea Donis

Mailing Address 11714 Lake Aston Ct.  
Apt. 110

City State Zip Code  
Tampa FL 33626

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6090132

Amount of Each Receipt this Period

100.00

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

3475.00

**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 64 / 551  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dan Dooley

Mailing Address 927 Sierra Park Lane

City State Zip Code  
Sacramento CA 95864

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

Name of Employer Occupation  
University of California Sr. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056416

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Diana S. Dooley

Mailing Address 927 Sierra Park Lane

City State Zip Code  
Sacramento CA 95864

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

Name of Employer Occupation  
California Childrens Hospital President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056417

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara E. Doran

Mailing Address 1107 Dale Dr

City State Zip Code  
Silver Spring MD 20910-1607

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

Name of Employer Occupation  
Executive Office Of The President Info Tech Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6064397

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2060.00**

**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 65 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Erl Dordal

Mailing Address 505 N Lake Shore Dr  
Apt 290

City Chicago State IL Zip Code 60611-3427

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2009

**Transaction ID:** C6056634

Amount of Each Receipt this Period 270.00

**B.** Full Name (Last, First, Middle Initial)  
Roderick Dorman

Mailing Address 4033 Chevy Chase Dr.

City La Canada Flintrid State CA Zip Code 91011

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 17 / 2009

**Transaction ID:** C6060547

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
James M. Draper

Mailing Address 30979 Peninsula Dr.

City Orange Beach State AL Zip Code 36561

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Educator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 01 / 2009

**Transaction ID:** C6090267

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... 605.00

**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 66 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Roger A. Dreyer

Mailing Address 7030 Grant Ave

City State Zip Code  
Carmichael CA 95608-2866

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

Name of Employer Occupation  
Dreyer Babich Buccola Cal- Attorney  
laham & Wood

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056422

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Martin Dreyfuss

Mailing Address 131 Embarcadero W  
Apt 3107

City State Zip Code  
Oakland CA 94607-3765

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6064765

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Philip L. Driscoll

Mailing Address 5526 Greening Ln.

City State Zip Code  
Madison WI 53705

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

Name of Employer Occupation  
Driscoll Ent Inc. Construction

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C6075729

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**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 67 / 551  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>June Ann Drygas</p> <p>Mailing Address 4515 Star Ranch Road</p> <p>City State Zip Code<br/>Colorado Springs CO 80906</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">220.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">04 / 07 / 2009</span></p> <p><b>Transaction ID:</b> C6060913</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">120.00</span></p> |
|---|---|

|   |   |
|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>William E. Dufford</p> <p>Mailing Address 101 S Edisto Ave</p> <p>City State Zip Code<br/>Columbia SC 29205-3301</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">250.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">04 / 16 / 2009</span></p> <p><b>Transaction ID:</b> C6068545</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">150.00</span></p> |
|---|---|

|  |  |
|--|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Sandra Kay Dunn</p> <p>Mailing Address 3001 Marlynn St</p> <p>City State Zip Code<br/>Carmichael CA 95608-4529</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Somach, Simmons And Dunn Occupation Attorney</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">04 / 27 / 2009</span></p> <p><b>Transaction ID:</b> C6056403</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> |
|--|--|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">1270.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>       |

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

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

FOR LINE NUMBER: PAGE 68 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas Dunson  
 Mailing Address 7104 Karen Ln.  
 City State Zip Code  
Joshua TX 76058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt: 04 / 13 / 2009  
**Transaction ID:** C6060863  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Robert R. Dyson  
 Mailing Address 3625 Route 82  
 City State Zip Code  
Millbrook NY 12545-6041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dyson, Kissner, Moran Corp. Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00  
 Date of Receipt: 04 / 09 / 2009  
**Transaction ID:** C6007429  
 Amount of Each Receipt this Period 5000.00

**C.** Full Name (Last, First, Middle Initial)  
William C. Eakin  
 Mailing Address 706 Highland Ave NE  
 City State Zip Code  
Atlanta GA 30312-1426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt: 04 / 17 / 2009  
**Transaction ID:** C6077162  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5300.00  
**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 69 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
William Eddison

Mailing Address 13801 York Rd  
Apt D5

City State Zip Code  
Cockeysville MD 21030-1835

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6062872

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew Egan

Mailing Address Box 91892133

City State Zip Code  
Sioux Falls SD 57186

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

Name of Employer University of Michigan Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6090395

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Joanne H. Egerman

Mailing Address 77 Westcliff Rd

City State Zip Code  
Weston MA 02493-1409

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056527

Amount of Each Receipt this Period  
1900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**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 70 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Paul Egerman

Mailing Address 77 Westcliff Rd

City State Zip Code  
Weston MA 02493-1409

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

Name of Employer eScription, Inc. Occupation Chairman & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056526

Amount of Each Receipt this Period  
1900.00

**B.**

Full Name (Last, First, Middle Initial)  
Anne H. Ehrlich

Mailing Address 936 Valdez PI

City State Zip Code  
Stanford CA 94305-1076

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

Name of Employer Stanford University Occupation Sr Research Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C6077974

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Anne H. Ehrlich

Mailing Address 936 Valdez PI

City State Zip Code  
Stanford CA 94305-1076

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

Name of Employer Stanford University Occupation Sr Research Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6074066

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

**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 71 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
E. Bartlett Ekren

Mailing Address 4260 US Highway 12 E

City State Zip Code  
White Sulphur Spri MT 59645-9630

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: C6071071

Amount of Each Receipt this Period

160.00

**B.**

Full Name (Last, First, Middle Initial)  
E. Bartlett Ekren

Mailing Address 4260 US Highway 12 E

City State Zip Code  
White Sulphur Spri MT 59645-9630

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6065024

Amount of Each Receipt this Period

160.00

**C.**

Full Name (Last, First, Middle Initial)  
Carol H. Ellis

Mailing Address 1103 Lore Ave.

City State Zip Code  
Wilmington DE 00001-9809

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

Name of Employer Occupation  
State of Delaware Division Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 9

Transaction ID: C6085549

Amount of Each Receipt this Period

500.00

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

820.00

**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 72 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary R. Ely

Mailing Address 5441 E 131st Ave.

City Anchorage State AK Zip Code 99516

FEC ID number of contributing federal political committee. C

Name of Employer Anchorage School District Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 28 / 2009

**Transaction ID:** C6084412

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Jerry Enomoto

Mailing Address 310 Vista Cove Cir

City Sacramento State CA Zip Code 95835-2003

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 14 / 2009

**Transaction ID:** C6007437

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Jerry Enomoto

Mailing Address 310 Vista Cove Cir

City Sacramento State CA Zip Code 95835-2003

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6063788

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

**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 73 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Colleen Fain  
Mailing Address 700 Arvida Pkwy  
City Miami State FL Zip Code 33156-2325  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 22 / 2009  
Transaction ID: C6056375  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Daryl R. Fair  
Mailing Address 2 Highland Dr  
City Yardley State PA Zip Code 19067-2702  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The College Of New Jersey Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 09 / 2009  
Transaction ID: C6058946  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Debbie Falic  
Mailing Address 6100 Hollywood Blvd  
City Hollywood State FL Zip Code 33024-7900  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056481  
Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6050.00  
**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 74 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Fima Falic

Mailing Address 9999 Collins Ave  
Apt 3A

City State Zip Code  
Bal Harbour FL 33154-1832

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056521  
Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Jerome Falic

Mailing Address 6100 Hollywood Blvd

City State Zip Code  
Hollywood FL 33024-7900

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

Name of Employer World Duty Free Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056482  
Amount of Each Receipt this Period: 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Leon S. Falic

Mailing Address 145 Biscay Dr

City State Zip Code  
Bal Harbour FL 33154-1322

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

Name of Employer Duty Free America Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056514  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00

**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 75 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Nily Falic

Mailing Address 9999 Collins Avenue  
Apt. 3A

City State Zip Code  
Bal Harbour FL 33154

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6056516

Amount of Each Receipt this Period

|         |
|---------|
| 5000.00 |
|---------|

**B.**

Full Name (Last, First, Middle Initial)  
Simon Falic

Mailing Address 150 Harbour Way

City State Zip Code  
Bal Harbour FL 33154-1333

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

Name of Employer Occupation  
Duty-Free America Chairman

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
7925.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6056492

Amount of Each Receipt this Period

|         |
|---------|
| 2925.00 |
|---------|

\* In-Kind: payment for event over \$4000 allotted for house parties

**C.**

Full Name (Last, First, Middle Initial)  
Simon Falic

Mailing Address 150 Harbour Way

City State Zip Code  
Bal Harbour FL 33154-1333

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

Name of Employer Occupation  
Duty-Free America Chairman

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
7925.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6056496

Amount of Each Receipt this Period

|         |
|---------|
| 5000.00 |
|---------|

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

|          |
|----------|
| 12925.00 |
|----------|

**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 76 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Terrence E. Fancher

Mailing Address 660 W. Santa Inez Ave.

City Hillsborough State CA Zip Code 94010

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

Name of Employer Stockbridge Capital Group, LLC Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 04 / 27 / 2009

Transaction ID: C6056386

Amount of Each Receipt this Period: 30400.00

**B.** Full Name (Last, First, Middle Initial)  
Emmanuel Farber

Mailing Address 3600 Chateau Dr Apt 105

City Columbia State SC Zip Code 29204-3919

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 04 / 20 / 2009

Transaction ID: C6063394

Amount of Each Receipt this Period: 270.00

**C.** Full Name (Last, First, Middle Initial)  
Eloise K Farrell

Mailing Address 26012 Oakbay Rd

City Torrance State CA Zip Code 90505-7228

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 04 / 13 / 2009

Transaction ID: C6083227

Amount of Each Receipt this Period: 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30705.00

**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 77 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
John Farritor

Mailing Address 312 Horizon Ln

City State Zip Code  
Oceanside CA 92056-4808

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

Name of Employer Occupation  
Self-Employed Author

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6091271

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Sarah Faulkner

Mailing Address 108 Sumach St

City State Zip Code  
Lookout Mtn. TN 37350

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6090426

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Sarah Faulkner

Mailing Address 108 Sumach St

City State Zip Code  
Lookout Mtn. TN 37350

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: C6090427

Amount of Each Receipt this Period  
100.00

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

250.00

**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 78 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Joel D. Fedder

Mailing Address 3590 Mistletoe Ln

City State Zip Code  
Longboat Key FL 34228-4102

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6062634

Amount of Each Receipt this Period

|       |
|-------|
| 75.00 |
|-------|

**B.**

Full Name (Last, First, Middle Initial)

Mildred Feinberg

Mailing Address PO Box 705

City State Zip Code  
Locust Valley NY 11560-0705

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 330.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 1 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6069341

Amount of Each Receipt this Period

|        |
|--------|
| 230.00 |
|--------|

**C.**

Full Name (Last, First, Middle Initial)

Frances G. Felton

Mailing Address 501 NW 166th St

City State Zip Code  
Edmond OK 73003-6756

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6074989

Amount of Each Receipt this Period

|       |
|-------|
| 80.00 |
|-------|

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

**385.00**

**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 79 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Searcy Ferguson

Mailing Address 3737 Atwell Ste 206

City State Zip Code  
Dallas TX 75209

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

Name of Employer Self-Employed Occupation  
Oil Operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056483

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Searcy Ferguson

Mailing Address 3737 Atwell Ste 206

City State Zip Code  
Dallas TX 75209

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

Name of Employer Self-Employed Occupation  
Oil Operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056497

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Cliff Ferry

Mailing Address 288 W Cedar St

City State Zip Code  
Elko NV 89801-2921

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

Name of Employer N/A Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6068165

Amount of Each Receipt this Period  
65.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1565.00**

**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 80 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Henry Feuerzeig

Mailing Address PO Box 9547

City State Zip Code  
St Thomas VI 00801-2547

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

Name of Employer Occupation  
Dudley, Topper and Feuerzeig, LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

**Transaction ID:** C6091673

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Henry Feuerzeig

Mailing Address PO Box 9547

City State Zip Code  
St Thomas VI 00801-2547

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

Name of Employer Occupation  
Dudley, Topper and Feuerzeig, LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6091704

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
William Finke

Mailing Address 29 Elinor Cir

City State Zip Code  
Waltham MA 02452-5712

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6082477

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**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 81 / 551  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
William Finke

Mailing Address 29 Elinor Cir

City State Zip Code  
Waltham MA 02452-5712

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6062467

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth S. Fisher

Mailing Address 1 Maritime Plz  
Ste 1400

City State Zip Code  
San Francisco CA 94111-3504

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056445

Amount of Each Receipt this Period  
30400.00

**C.** Full Name (Last, First, Middle Initial)  
Edward B. Flaherty

Mailing Address 2105 20th Street  
No. 1

City State Zip Code  
San Francisco CA 94107

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

Name of Employer ENGEO Occupation Geologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6007455

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **31000.00**

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 82 / 551 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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 Congressional Campaign Committee

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>George Flannery  | Date of Receipt<br>MM / DD / YYYY<br>04 / 21 / 2009 |
|           | Mailing Address 1910 Knox Ave S   | <b>Transaction ID:</b> C6070087                     |
|           | City State Zip Code<br>Minneapolis MN 55403-2839  | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer N/A Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Janet Flapan  | Date of Receipt<br>MM / DD / YYYY<br>04 / 10 / 2009 |
|           | Mailing Address 123 W Oak St Apt. N  | <b>Transaction ID:</b> C6062690                     |
|           | City State Zip Code<br>Chicago IL 60610-7834   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer N/A Occupation Homemaker<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Barbara G. Fleischman   | Date of Receipt<br>MM / DD / YYYY<br>04 / 01 / 2009 |
|           | Mailing Address 870 United Nations Plz Apt 37C   | <b>Transaction ID:</b> C6088957                     |
|           | City State Zip Code<br>New York NY 10017-1827  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer N/A Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER: PAGE 83 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Ryan Fong

Mailing Address 7700 College Town Dr.  
#250

City State Zip Code  
Sacramento CA 95826

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

Name of Employer Self-Employed Occupation Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056426  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ruth M. Forbis

Mailing Address 8404 La Rouche Dr

City State Zip Code  
San Diego CA 92119-1907

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 13 / 2009  
Transaction ID: C6058824  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Ruth M. Forbis

Mailing Address 8404 La Rouche Dr

City State Zip Code  
San Diego CA 92119-1907

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 28 / 2009  
Transaction ID: C6062676  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**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 84 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Terry H. Foreman

Mailing Address 1623 Sunset Dr

City State Zip Code  
Murray KY 42071-2221

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C6075037

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Terry H. Foreman

Mailing Address 1623 Sunset Dr

City State Zip Code  
Murray KY 42071-2221

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6089678

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Frank C. Foster

Mailing Address 2998 Goldhill Rd

City State Zip Code  
Fairbanks AK 99709-2319

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6058013

Amount of Each Receipt this Period

200.00

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

350.00

**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 85 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynda K. Fox

Mailing Address 19630 Juna Ln

City State Zip Code  
Saratoga CA 95070-6419

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 3 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6090021

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

**B.**

Full Name (Last, First, Middle Initial)

Edna N. Frady

Mailing Address 102 Tollgate Way

City State Zip Code  
Falls Church VA 22046-3516

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 322.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 7 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6069338

Amount of Each Receipt this Period

|        |
|--------|
| 100.00 |
|--------|

**C.**

Full Name (Last, First, Middle Initial)

Rainold J. Franek

Mailing Address 400 Madrona Ave. SE Apt. 408

City State Zip Code  
Salem OR 97302

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 3 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6073209

Amount of Each Receipt this Period

|        |
|--------|
| 150.00 |
|--------|

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

|        |
|--------|
| 750.00 |
|--------|

**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 86 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary Frank

Mailing Address 445 Grand Bay Drive  
#1211

City State Zip Code  
Key Biscayne FL 33149

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 2 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6056373

Amount of Each Receipt this Period

|         |
|---------|
| 1000.00 |
|---------|

**B.**

Full Name (Last, First, Middle Initial)  
Ellen Fredel

Mailing Address 3195 Porter St NW

City State Zip Code  
Washington DC 20008-3210

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

Name of Employer Occupation  
Ellen A. Fredel, Pc Attorney

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6090982

Amount of Each Receipt this Period

|        |
|--------|
| 250.00 |
|--------|

**C.**

Full Name (Last, First, Middle Initial)  
John Freidenrich

Mailing Address 300 Hamilton Avenue 4th Floor

City State Zip Code  
Palo Alto CA 94301-2573

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

Name of Employer Occupation  
Regis Management Investor

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6056350

Amount of Each Receipt this Period

|         |
|---------|
| 5000.00 |
|---------|

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

|         |
|---------|
| 6250.00 |
|---------|

**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 87 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

|  |   |     |   |         |   |         |     |  |     |  |         |
|--|---|-----|---|---------|---|---------|-----|--|-----|--|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Beatrice Friedman</p> <p>Mailing Address 990 Boulevard Of The Arts<br/>Apt 1702</p> <p>City State Zip Code<br/>Sarasota FL 34236-4880</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">550.00</span></p> | <p>Date of Receipt<br/> <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 4</td> <td></td> <td style="border: 1px solid black; padding: 2px;">1 0</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 0 9</td> </tr> </table> <p><b>Transaction ID:</b> C6075188</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">150.00</span></p> </p> | M M | / | D D     | / | Y Y Y Y | 0 4 |  | 1 0 |  | 2 0 0 9 |
| M M  | /   | D D | / | Y Y Y Y |   |         |     |  |     |  |         |
| 0 4  |   | 1 0 |   | 2 0 0 9 |   |         |     |  |     |  |         |

|  |   |     |   |         |   |         |     |  |     |  |         |
|--|---|-----|---|---------|---|---------|-----|--|-----|--|---------|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Beatrice Friedman</p> <p>Mailing Address 990 Boulevard Of The Arts<br/>Apt 1702</p> <p>City State Zip Code<br/>Sarasota FL 34236-4880</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">550.00</span></p> | <p>Date of Receipt<br/> <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 4</td> <td></td> <td style="border: 1px solid black; padding: 2px;">3 0</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 0 9</td> </tr> </table> <p><b>Transaction ID:</b> C6078233</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">200.00</span></p> </p> | M M | / | D D     | / | Y Y Y Y | 0 4 |  | 3 0 |  | 2 0 0 9 |
| M M  | /   | D D | / | Y Y Y Y |   |         |     |  |     |  |         |
| 0 4  |   | 3 0 |   | 2 0 0 9 |   |         |     |  |     |  |         |

|  |   |     |   |         |   |         |     |  |     |  |         |
|--|---|-----|---|---------|---|---------|-----|--|-----|--|---------|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Phyllis K. Friedman</p> <p>Mailing Address 119 Reservoir Rd</p> <p>City State Zip Code<br/>Hillsborough CA 94010-6956</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">600.00</span></p> | <p>Date of Receipt<br/> <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 4</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 1</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 0 9</td> </tr> </table> <p><b>Transaction ID:</b> C6064445</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">250.00</span></p> </p> | M M | / | D D     | / | Y Y Y Y | 0 4 |  | 2 1 |  | 2 0 0 9 |
| M M  | /   | D D | / | Y Y Y Y |   |         |     |  |     |  |         |
| 0 4  |   | 2 1 |   | 2 0 0 9 |   |         |     |  |     |  |         |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">600.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>      |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert E. Friedman

Mailing Address 2275 Summit Dr

City Hillsborough State CA Zip Code 94010-6146

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

Name of Employer Corporation for Enterprise Dev. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 29 / 2009  
Transaction ID: C6007449  
Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Robert C. Friese

Mailing Address 1 Maritime Plaza #1800

City San Francisco State CA Zip Code 94111

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

Name of Employer Shartsis Friese LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 17 / 2009  
Transaction ID: C6007441  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Gardon

Mailing Address 900 University St. Apt. 1102

City Seattle State WA Zip Code 98101

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 04 / 02 / 2009  
Transaction ID: C6088837  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3600.00

**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 89 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert Gardon

Mailing Address 900 University St.  
Apt. 1102

City State Zip Code  
Seattle WA 98101

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C6088838

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Robert N. Garner

Mailing Address 315 Hemlock Cir

City State Zip Code  
Lincoln MA 01773-4923

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6062140

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Joan E. Garrison

Mailing Address 1080 Patterson St  
Apt 205

City State Zip Code  
Eugene OR 97401-3319

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6057937

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.00**

**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 90 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Cloma Gates

Mailing Address 414 Bryan Rd

City Ottumwa State IA Zip Code 52501-1107

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6058597  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
George Gaynes

Mailing Address 3344 Campanil Dr

City Santa Barbara State CA Zip Code 93109-1017

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

Name of Employer Gaynes McLerie, Inc. Occupation Actor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 28 / 2009  
Transaction ID: C6057705  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Richard A. Gephardt

Mailing Address 822 Capitol Square PI SW

City Washington State DC Zip Code 20024

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

Name of Employer Gephardt Group Occupation President and CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: C6056392  
Amount of Each Receipt this Period: 30400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30850.00

**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 91 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
James F. Gerrits

Mailing Address 924 N Riverside Ave

City State Zip Code  
Saint Clair MI 48079-4265

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: C6069803

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Ann G. Getty

Mailing Address 2880 Broadway St

City State Zip Code  
San Francisco CA 94115-1061

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

Name of Employer Occupation  
Self-Employed Interior Designer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 14289.57

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: C6007343

Amount of Each Receipt this Period  
14289.57

\* In-Kind: Event Expenses

**C.**

Full Name (Last, First, Middle Initial)  
Gordon Getty

Mailing Address 2880 Broadway St

City State Zip Code  
San Francisco CA 94115-1061

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

Name of Employer Occupation  
Self-Employed Philanthropist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 14289.57

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

Transaction ID: C6007342

Amount of Each Receipt this Period  
14289.57

\* In-Kind: Event Expenses

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

28729.14

**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 92 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Celia Gilbert

Mailing Address 15 Gray Gdns W

City State Zip Code  
Cambridge MA 02138-2311

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

Name of Employer Self-Employed Occupation  
Self-Employed Poet

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6089645

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott K. Ginsburg

Mailing Address 4610 Isabella Ln

City State Zip Code  
Dallas TX 75229-5412

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

Name of Employer Self-Employed Occupation  
DG East Channel Inc. CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056456

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Joan D. Glatthorn

Mailing Address 6331 Camino De La Costa

City State Zip Code  
La Jolla CA 92037-6526

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

Name of Employer Self-Employed Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6057640

Amount of Each Receipt this Period  
1000.00

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

2250.00

**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  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Dora H. Going

Mailing Address 601 5th Ave. E Apt. 319

City Tuscaloosa State AL Zip Code 35401

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6080534  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Goldenberg

Mailing Address 12938 Evanston St

City Los Angeles State CA Zip Code 90049-3715

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6057558  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Frederic Gooding

Mailing Address 8915 Montgomery Ave

City Chevy Chase State MD Zip Code 20815-4703

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

Name of Employer Force 3 Inc Occupation Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 20 / 2009  
Transaction ID: C6062911  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**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  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Barbara E. Goy

Mailing Address 2545 SW Terwilliger Blvd  
Apt. 906

City State Zip Code  
Portland OR 97201

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6089030

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara E. Goy

Mailing Address 2545 SW Terwilliger Blvd  
Apt. 906

City State Zip Code  
Portland OR 97201

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

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6089031

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Frederick H. Graefe

Mailing Address 319 Constitution Ave NE

City State Zip Code  
Washington DC 20002-5913

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

Name of Employer Law Offices of Frederick Graefe PLLC Occupation Partner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056520

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2540.00**

**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 95 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Frederick H. Graefe

Mailing Address 319 Constitution Ave NE

City Washington State DC Zip Code 20002-5913

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

Name of Employer Law Offices of Frederick Graefe PLLC Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056522  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Steve Graham

Mailing Address 5231 Georgies Ln

City Chincoteague State VA Zip Code 23336-2233

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

Name of Employer N/A Occupation Disabled

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 04 / 09 / 2009  
Transaction ID: C6060233  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Steve Graham

Mailing Address 5231 Georgies Ln

City Chincoteague State VA Zip Code 23336-2233

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

Name of Employer N/A Occupation Disabled

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6060232  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

**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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Alvin Gray

Mailing Address 15 Fairway Trl

City State Zip Code  
Moreland Hills OH 44022

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 213.80

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6075391

Amount of Each Receipt this Period  
111.00

**B.** Full Name (Last, First, Middle Initial)  
Jonathan R. Green

Mailing Address 601 Chateau Dr  
4400 Oak Hill Rd. Apt. A

City State Zip Code  
Evansville IN 47715-4164

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

Name of Employer St Marys Medical Center Occupation Physician Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6059140

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Jonathan R. Green

Mailing Address 601 Chateau Dr  
4400 Oak Hill Rd. Apt. A

City State Zip Code  
Evansville IN 47715-4164

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

Name of Employer St Marys Medical Center Occupation Physician Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2009

**Transaction ID:** C6090020

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **361.00**

**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 97 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Anne S. Greenwald  
 Mailing Address 1503 Sheffield Lane  
 City Wynnewood State PA Zip Code 19096  
 Date of Receipt 04 / 30 / 2009  
**Transaction ID:** C6074402  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
Charles E. Griffith  
 Mailing Address PO Box 1409  
 City Alief State TX Zip Code 77411-1409  
 Date of Receipt 04 / 27 / 2009  
**Transaction ID:** C6061448  
 Amount of Each Receipt this Period 105.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Klaus Union Inc. Occupation Application Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Griswold  
 Mailing Address 85 Kingston Rd  
 City Kensington State CA Zip Code 94707-1321  
 Date of Receipt 04 / 08 / 2009  
**Transaction ID:** C6090819  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Internal Revenue Service Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 605.00  
**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 98 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Judith E. Grose  
Mailing Address 2 palliser road  
City Irvington State NY Zip Code 10533  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Psychiatrist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 04 / 01 / 2009  
Transaction ID: C6089710  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Judith E. Grose  
Mailing Address 2 palliser road  
City Irvington State NY Zip Code 10533  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Psychiatrist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 04 / 09 / 2009  
Transaction ID: C6089711  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Gary Gross  
Mailing Address 5499 Glenn Lakes Drive Suite 100  
City Dallas State TX Zip Code 75231  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Social Worker  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056464  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2350.00  
**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 99 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Helen G. Grossman

Mailing Address 140 Avenida Dr

City State Zip Code  
Berkeley CA 94708-2125

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6077434

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Garrett Gruener

Mailing Address PO Box 5018

City State Zip Code  
Berkeley CA 94705

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

Name of Employer ATLA Partners Occupation Venture Capitalist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056440

Amount of Each Receipt this Period  
30400.00

**C.**

Full Name (Last, First, Middle Initial)  
Karel K. Guefen

Mailing Address 702 N Maple Dr

City State Zip Code  
Beverly Hills CA 90210-3411

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6065451

Amount of Each Receipt this Period  
210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30860.00**

**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  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
George Gund, III

Mailing Address 39 Mesa St  
Ste 300

City San Francisco State CA Zip Code 94129-1019

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

Name of Employer Self-Employed Occupation Philanthropist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 04 / 24 / 2009  
Transaction ID: C6056381  
Amount of Each Receipt this Period 30400.00

**B.** Full Name (Last, First, Middle Initial)  
Louise L. Gund

Mailing Address 41 The Plaza

City Berkeley State CA Zip Code 94705

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

Name of Employer Self-Employed Occupation Philanthropist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 04 / 07 / 2009  
Transaction ID: C6007336  
Amount of Each Receipt this Period 30400.00

**C.** Full Name (Last, First, Middle Initial)  
Gregory Gustafson

Mailing Address 11 Pine Hill Dr.

City South Salem State NY Zip Code 10590

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

Name of Employer Cardiovascular Associates of NY Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 01 / 2009  
Transaction ID: C6089238  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60850.00

**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 101 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Roberta Hadley  
 Mailing Address 4355 Emory Way  
 City State Zip Code  
Livermore CA 94550-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt 04 / 21 / 2009  
**Transaction ID: C6062881**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Hamermesh  
 Mailing Address 4101 Firstview Dr  
 City State Zip Code  
Austin TX 78731-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Texas Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00  
 Date of Receipt 04 / 01 / 2009  
**Transaction ID: C6089387**  
 Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
John W. Hamilton  
 Mailing Address PO Box 143  
 City State Zip Code  
Oakville CA 94562-0143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt 04 / 30 / 2009  
**Transaction ID: C6064743**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00  
**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 102 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Elliot Handler

Mailing Address 2222 Avenue of the Stars

City State Zip Code  
Los Angeles CA 90067

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6061159  
Amount of Each Receipt this Period: 230.00

**B.** Full Name (Last, First, Middle Initial)  
Grace L. Hansen

Mailing Address 26880 Havelock Dr

City State Zip Code  
Dearborn Heights MI 48127-3639

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: C6082390  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Melinda Hardin

Mailing Address 7 Wharf St

City State Zip Code  
Alexandria VA 22314-3881

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 04 / 23 / 2009  
Transaction ID: C6065009  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1030.00

**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 103 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Melinda Hardin

Mailing Address 7 Wharf St

City State Zip Code  
Alexandria VA 22314-3881

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6059866

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Veronica Hari

Mailing Address 21 Park Ave

City State Zip Code  
Wethersfield CT 06109-1630

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6086339

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Lorraine Hariton

Mailing Address PO Box 1707

City State Zip Code  
Los Altos CA 94023

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

Name of Employer Xeolux Occupation Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6007454

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2550.00**

**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 104 / 551  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Hugh Harless   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 21 / 2009 |
| Mailing Address 4215 W Beach Park Dr  |                                    | <b>Transaction ID:</b> C6062697                     |
| City Tampa  | State FL                           | Zip Code 33609-3813                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>300.00        |
| Name of Employer Information Requested  | Occupation Information Requested   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

**B.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Martin A. Harmon   |                                      | Date of Receipt<br>MM / DD / YYYY<br>04 / 20 / 2009 |
| Mailing Address 4020 Sierra College Blvd<br>Ste 200   |                                      | <b>Transaction ID:</b> C6056361                     |
| City Rocklin  | State CA                             | Zip Code 95677-3906                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>10000.00      |
| Name of Employer Western Care Construction  | Occupation Businessman               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>10000.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Evelyn B. Harris   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 19 / 2009 |
| Mailing Address 39 Old Sudbury Rd   |                                    | <b>Transaction ID:</b> C6062506                     |
| City Lincoln  | State MA                           | Zip Code 01773-4806                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>51.00         |
| Name of Employer Self-Employed  | Occupation Musician                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>204.00 |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>10351.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
George F. Harrison

Mailing Address 111 Duncannon Rd

City State Zip Code  
Bel Air MD 21014-5624

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

**Transaction ID:** C6090766

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas R. Harrison

Mailing Address 2440 Greenwich St

City State Zip Code  
San Francisco CA 94123-3306

FEC ID number of contributing federal political committee. C

Name of Employer Laborers Union Local 261 Sf Ca Occupation Union Rep

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6059662

Amount of Each Receipt this Period 105.00

**C.** Full Name (Last, First, Middle Initial)  
Jack Hartley

Mailing Address PO Box 36 Unit 12

City State Zip Code  
Alpine AZ 85920-0036

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6058595

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... 305.00

**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 106 / 551  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jack Hartley

Mailing Address PO Box 36  
Unit 12

City Alpine State AZ Zip Code 85920-0036

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6057479

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Eileen Hayward

Mailing Address PO Box 352139  
Apt. 331

City Palm Coast State FL Zip Code 32135-2139

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6068419

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Eileen Hayward

Mailing Address PO Box 352139  
Apt. 331

City Palm Coast State FL Zip Code 32135-2139

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6068420

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 190.00

**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 107 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Eileen Hayward

Mailing Address PO Box 352139  
Apt. 331

City State Zip Code  
Palm Coast FL 32135-2139

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6068421

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Lloyd L. Hefner

Mailing Address 2835 Berwick Rd

City State Zip Code  
Birmingham AL 35213-3413

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6077931

Amount of Each Receipt this Period  
110.00

**C.**

Full Name (Last, First, Middle Initial)  
Lloyd L. Hefner

Mailing Address 2835 Berwick Rd

City State Zip Code  
Birmingham AL 35213-3413

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6077930

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **245.00**

**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 108 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John J. Heinsius  
Mailing Address PO Box 4610  
City Modesto State CA Zip Code 95352-4610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 04 / 17 / 2009  
Transaction ID: C6007440  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
John J. Heinsius  
Mailing Address PO Box 4610  
City Modesto State CA Zip Code 95352-4610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 04 / 28 / 2009  
Transaction ID: C6082857  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Harriet J. Helman  
Mailing Address 70 Juniper Avenue  
City Ronkonkoma State NY Zip Code 11779  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 04 / 22 / 2009  
Transaction ID: C6089550  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00  
**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 109 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Harriet J. Helman

Mailing Address 70 Juniper Avenue

City State Zip Code  
Ronkonkoma NY 11779

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6089551

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
Elayne R. Hengler

Mailing Address PO Box 97

City State Zip Code  
Hanover MN 55341-0097

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6068232

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
Arthur H. Hertz

Mailing Address 3195 Ponce De Leon Blvd

City State Zip Code  
Coral Gables FL 33134-6801

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

Name of Employer Occupation  
Wometco Enterprises, Inc. Chairman And CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 12500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6056353

Amount of Each Receipt this Period

15000.00

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

15185.00

**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  
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FOR LINE NUMBER: PAGE 110 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City State Zip Code  
Berkeley CA 94707-1531

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

Name of Employer Self-Employed Occupation  
CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6089695

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City State Zip Code  
Berkeley CA 94707-1531

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

Name of Employer Self-Employed Occupation  
CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2009

**Transaction ID:** C6089696

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City State Zip Code  
Berkeley CA 94707-1531

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

Name of Employer Self-Employed Occupation  
CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C6088767

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**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 111 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City State Zip Code  
Berkeley CA 94707-1531

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

Name of Employer Self-Employed Occupation  
CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C6088768

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Cheryl D. Hess

Mailing Address 550 Colusa Ave

City State Zip Code  
Berkeley CA 94707-1531

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

Name of Employer Self-Employed Occupation  
CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6088769

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Constance Hickey

Mailing Address 11905 Jubal Early Ct

City State Zip Code  
Potomac MD 20854-3428

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

Name of Employer N/A Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6083288

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 112 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Winston H. Hickox  
Mailing Address 700 Walnut Glen Ct.  
City Sacramento State CA Zip Code 95864  
FEC ID number of contributing federal political committee. **C**  
Name of Employer California Strategies Occupation Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056427  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Hollie M. Hilden  
Mailing Address 237 Bighorn Ct  
City Vacaville State CA Zip Code 95687-3438  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 07 / 2009  
Transaction ID: C6064354  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Hollie M. Hilden  
Mailing Address 237 Bighorn Ct  
City Vacaville State CA Zip Code 95687-3438  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6070502  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**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 113 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Eugene A. Hildreth

Mailing Address Apt. 129  
Apt. 129

City State Zip Code  
Reading PA 19610

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6067453

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
Marga Hirst

Mailing Address 3225 Oyster Bay Ave

City State Zip Code  
Davis CA 95616-2669

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6062616

Amount of Each Receipt this Period

228.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard D. Holland

Mailing Address 1501 S 80th St

City State Zip Code  
Omaha NE 68124-1423

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6077486

Amount of Each Receipt this Period

1500.00

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

1928.00

**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 114 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Maria J. Hoog

Mailing Address 9 Concord Greene Unit 6

City Concord State MA Zip Code 01742

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 04 / 28 / 2009  
**Transaction ID: C6066994**  
 Amount of Each Receipt this Period: 75.00

**B.** Full Name (Last, First, Middle Initial)  
Maria J. Hoog

Mailing Address 9 Concord Greene Unit 6

City Concord State MA Zip Code 01742

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 04 / 28 / 2009  
**Transaction ID: C6066995**  
 Amount of Each Receipt this Period: 75.00

**C.** Full Name (Last, First, Middle Initial)  
Maria J. Hoog

Mailing Address 9 Concord Greene Unit 6

City Concord State MA Zip Code 01742

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 04 / 29 / 2009  
**Transaction ID: C6066993**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

**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 115 / 551  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ramon Hooper   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 08 / 2009 |
| Mailing Address 416 W Padre St<br>Apt 11  |                                    | <b>Transaction ID:</b> C6075090                     |
| City<br>Santa Barbara   | State<br>CA                        | Zip Code<br>93105-4242                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Augustus Prada  | Occupation<br>Landscaping          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>630.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ramon Hooper   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 08 / 2009 |
| Mailing Address 416 W Padre St<br>Apt 11  |                                    | <b>Transaction ID:</b> C6075091                     |
| City<br>Santa Barbara   | State<br>CA                        | Zip Code<br>93105-4242                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Augustus Prada  | Occupation<br>Landscaping          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>630.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ramon Hooper   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 416 W Padre St<br>Apt 11  |                                    | <b>Transaction ID:</b> C6074032                     |
| City<br>Santa Barbara   | State<br>CA                        | Zip Code<br>93105-4242                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>200.00        |
| Name of Employer<br>Augustus Prada  | Occupation<br>Landscaping          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>630.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>400.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER: PAGE 116 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas Hooton

Mailing Address 3802 47th Ave NE  
425 Bianca Ave.

City State Zip Code  
Seattle WA 98105-5221

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

Name of Employer U of WA Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6068621

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Tadashi T. Horino

Mailing Address 1790 Marich Way

City State Zip Code  
Mountain View CA 94040-2315

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6063569

Amount of Each Receipt this Period  
126.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth F. Hornbeck

Mailing Address 563 Cottonwood Court

City State Zip Code  
Dayton OH 45429

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6058825

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **641.00**

**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 117 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Vivian A. Houghton  
Mailing Address 857 Bennett St.

City State Zip Code  
Wilmington DE 19801

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C6076352

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Polly H. Howells  
Mailing Address 484 1st St

City State Zip Code  
Brooklyn NY 11215-2606

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

Name of Employer Self-Employed Occupation Psychotherapist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: C6083453

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
A. Joseph Huerta  
Mailing Address 5002 Oakmont

City State Zip Code  
Corpus Christi TX 78413

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

Name of Employer Huerta Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6090617

Amount of Each Receipt this Period  
100.00

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

600.00

**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 118 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Richard L. Huggins

Mailing Address 1119 Candlewood Dr

City State Zip Code  
Lakeland FL 33813-2854

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

Name of Employer Occupation  
Presbyterian Church (Usa) Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6089575

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Vester T. Hughes, Jr.

Mailing Address 1717 Main St  
Ste. 2800

City State Zip Code  
Dallas TX 75201-4612

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

Name of Employer Occupation  
Hughes & Luce Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056461

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Beverly J. Huma

Mailing Address 11619 Northdale Dr  
Apt. 29

City State Zip Code  
Moorpark CA 93021-3708

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6067876

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

**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 119 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Kris Huntington

Mailing Address 136 Channing Ln  
317 Granville Rd.

City State Zip Code  
Chapel Hill NC 27516-9153

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

**Transaction ID:** C6069293

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
G. David Hurd

Mailing Address 300 Walnut St  
Unit 183

City State Zip Code  
Des Moines IA 50309-2244

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056477

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Khalid Husain

Mailing Address 24501 Fm 2100 Rd

City State Zip Code  
Huffman TX 77336-4341

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

Name of Employer Huffman Shopping Center Occupation Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056486

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5075.00**

**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 120 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Lee W. Hydeman

Mailing Address PO Box 623

City State Zip Code  
Sonoita AZ 85637-0623

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6064314

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Toshiro Igarashi

Mailing Address 18931 Christina Ave

City State Zip Code  
Cerritos CA 90703-8422

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6091227

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Toshiro Igarashi

Mailing Address 18931 Christina Ave

City State Zip Code  
Cerritos CA 90703-8422

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6090761

Amount of Each Receipt this Period  
50.00

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

400.00

**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 121 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Stanley Ilhardt

Mailing Address 5682 Hutchinson Rd.

City State Zip Code  
Batavia OH 45103

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C6058602

Amount of Each Receipt this Period  
85.00

**B.**

Full Name (Last, First, Middle Initial)  
Eliot C. Ingram

Mailing Address 2107 Brandywine St.

City State Zip Code  
Philadelphia PA 19130

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

Name of Employer Self-Employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: C6067528

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark H. Iola

Mailing Address 4332 Potomac Ave

City State Zip Code  
Dallas TX 75205-2629

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

Name of Employer Stanley, Mandel & Iola Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056519

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10185.00**

**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 122 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Phillip L. Isenberg

Mailing Address 1550 Potrero Way

City Sacramento State CA Zip Code 95822

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

Name of Employer Isenberg-Oharen Government Relations Occupation President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056424  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
James Jackson

Mailing Address P.O. Box 240

City Athens State OH Zip Code 45701

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: C6067742  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Naren L. Jackson

Mailing Address 1507 Wilshire Blvd.

City Arlington State TX Zip Code 76012

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 735.00

Date of Receipt 04 / 16 / 2009  
Transaction ID: C6089346  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

**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 123 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Naren L. Jackson

Mailing Address 1507 Wilshire Blvd.

City State Zip Code  
Arlington TX 76012

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 735.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 7 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6089347

Amount of Each Receipt this Period

|       |
|-------|
| 35.00 |
|-------|

**B.**

Full Name (Last, First, Middle Initial)  
Martha W. James

Mailing Address 4100 Jackson Ave  
Westminster Manor No 310

City State Zip Code  
Austin TX 78731

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 218.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6082494

Amount of Each Receipt this Period

|       |
|-------|
| 25.00 |
|-------|

**C.**

Full Name (Last, First, Middle Initial)  
Shirley J James

Mailing Address 3978 Kent Way

City State Zip Code  
San Francisco CA 94080

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6060925

Amount of Each Receipt this Period

|        |
|--------|
| 100.00 |
|--------|

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

|        |
|--------|
| 160.00 |
|--------|

**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 124 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey S. Janofsky

Mailing Address 2217 Sugarcone Rd

City State Zip Code  
Baltimore MD 21209-1029

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6074439

Amount of Each Receipt this Period  
208.00

**B.**

Full Name (Last, First, Middle Initial)  
Vellore P. Jayakrishnam

Mailing Address 15 Parkview Pl

City State Zip Code  
Staten Island NY 10310-3128

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6058743

Amount of Each Receipt this Period  
220.00

**C.**

Full Name (Last, First, Middle Initial)  
Theodore Jean-Francois

Mailing Address 3 Behnke Ct.

City State Zip Code  
Rockville Centre NY 11570

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6066281

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **478.00**

**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 125 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert Jeanne

Mailing Address 609 Hilltop Dr

City Madison State WI Zip Code 53711-1358

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

Name of Employer Univ of Wisconsin Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 09 / 2009  
**Transaction ID:** C6059142  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Steve Baughman Jensen

Mailing Address 1543 Eastus Dr

City Dallas State TX Zip Code 75208-2512

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

Name of Employer Allen and Stewart Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** C6056475  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel F. Johnson

Mailing Address 3652 Tamarack Ln

City Eau Claire State WI Zip Code 54701-7264

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 29 / 2009  
**Transaction ID:** C6057082  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**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 126 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Edwin Johnson

Mailing Address 3900 Connecticut Ave NW  
Apt 204G

City Washington State DC Zip Code 20008-2498

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 537.67

Date of Receipt: 04 / 14 / 2009  
Transaction ID: C6058884  
Amount of Each Receipt this Period: 537.67

**B.** Full Name (Last, First, Middle Initial)  
Leonard Johnson

Mailing Address 4720 Geranium Pl

City Oakland State CA Zip Code 94619-3053

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 28 / 2009  
Transaction ID: C6083027  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Patrick A. Jolly

Mailing Address 622 Schneider Ct

City Westbury State NY Zip Code 11590-1420

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 04 / 28 / 2009  
Transaction ID: C6063443  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **687.67**

**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 127 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Carmen R. Jones

Mailing Address 180 Hancock St

City State Zip Code  
Brooklyn NY 11216-2104

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6082104

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Paul R. Jones

Mailing Address 13780 Torrey Pines Dr.

City State Zip Code  
Auburn CA 95602

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6067009

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Robert H Jones

Mailing Address 1870 Oakridge Dr

City State Zip Code  
Akron OH 44313-5412

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6064777

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 128 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Tyler Jones

Mailing Address 6738 Winton St

City State Zip Code  
Dallas TX 75214-2748

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

Name of Employer Occupation  
McKesson Corporation Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 9

Transaction ID: C6090099

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert A. Joseph

Mailing Address 5679 Monroe St. Apt. 1019

City State Zip Code  
Sylvania OH 43560

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: C6078923

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Milton Jupiter

Mailing Address 441 N Oakhurst Dr. Apt. 705

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 309.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6075813

Amount of Each Receipt this Period  
100.00

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

365.00

**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 129 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Alvin Kahn

Mailing Address 730 Hungry Harbor Rd

City State Zip Code  
Valley Stream NY 11581-3039

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

Name of Employer Brookdale Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2009

**Transaction ID:** C6068798

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Wolf Kahn

Mailing Address 217 W 21st St

City State Zip Code  
New York NY 10011-3101

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

Name of Employer Self-Employed Occupation Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C6058222

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Henry Kaminer

Mailing Address 95 Charles St. Apt. 5

City State Zip Code  
New York NY 10014-2621

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6082014

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**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 130 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Allan Kanner

Mailing Address 1550 Dufossat St

City

New Orleans

State

LA

Zip Code

70115-4023

FEC ID number of contributing federal political committee.

C

Name of Employer  
Allan Kanner & Associates

Occupation  
Attorney

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6056534

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Herschel Kanter

Mailing Address 5726 28th St N

City

Arlington

State

VA

Zip Code

22207-1434

FEC ID number of contributing federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 2 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6089706

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Norman Kaplan

Mailing Address 3831 Turtle Creek Blvd  
Apt 20E

City

Dallas

State

TX

Zip Code

75219-4415

FEC ID number of contributing federal political committee.

C

Name of Employer  
U Texas Med School

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6056466

Amount of Each Receipt this Period

1000.00

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

2100.00

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 131 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
Michael Kay

Mailing Address 98 Kendal Drive

City State Zip Code  
Oberlin OH 44074

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6090259

Amount of Each Receipt this Period  
75.00

B.

Full Name (Last, First, Middle Initial)  
Michael Kay

Mailing Address 98 Kendal Drive

City State Zip Code  
Oberlin OH 44074

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 8 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6090260

Amount of Each Receipt this Period  
75.00

C.

Full Name (Last, First, Middle Initial)  
Sally Keating

Mailing Address 2060 Oak Hammock Dr.

City State Zip Code  
Ponte Vedra Beach FL 32082

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

Name of Employer Occupation  
Information Requested Nurse Practitioner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: C6078892

Amount of Each Receipt this Period  
500.00

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

650.00

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 132 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Christina D. Kecker

Mailing Address 710 Sansome St

City State Zip Code  
San Francisco CA 94111-1704

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

Name of Employer Occupation  
Self-Employed Graphic Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6056538

Amount of Each Receipt this Period  
15200.00

**B.**

Full Name (Last, First, Middle Initial)  
John W. Kecker

Mailing Address 710 Sansome St

City State Zip Code  
San Francisco CA 94111-1704

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

Name of Employer Occupation  
Kecker & Van Nest LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6056413

Amount of Each Receipt this Period  
15200.00

**C.**

Full Name (Last, First, Middle Initial)  
John R. Kellam

Mailing Address 19 Firglade Ave.

City State Zip Code  
Providence RI 02906

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C6066026

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30500.00**

**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  
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FOR LINE NUMBER: PAGE 133 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter J. Kelly  
Mailing Address 60 Highlands Ave  
City Springfield State NJ Zip Code 07081-3743  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 14 / 2009  
Transaction ID: C6086355  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Rita P. Kennann  
Mailing Address 10332 Kristen St.  
City Cypress State CA Zip Code 90630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 13 / 2009  
Transaction ID: C6060797  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Frances Kennedy  
Mailing Address 9812 Ceralene Dr  
City Fairfax State VA Zip Code 22032-1734  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Computer Consultant  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 04 / 22 / 2009  
Transaction ID: C6089024  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00  
**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 134 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Kristina Kiehl

Mailing Address 2275 Summit Dr

City Hillsborough State CA Zip Code 94010-6146

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

Name of Employer Self-Employed Occupation Community Activist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID:** C6007450  
 Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
James Killen

Mailing Address 1555 N 23rd St

City Beaumont State TX Zip Code 77706-2901

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 27 / 2009  
**Transaction ID:** C6073830  
 Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Rodney R. Kilmer

Mailing Address 2117 N 148Th St

City Shoreline State WA Zip Code 98133-6711

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 04 / 19 / 2009  
**Transaction ID:** C6088573  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2730.00

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

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

Use separate schedule(s)  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Chong O. Kim

Mailing Address 510 Main St. Apt. 742

City State Zip Code  
New York NY 10044

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6061357

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Chong O. Kim

Mailing Address 510 Main St. Apt. 742

City State Zip Code  
New York NY 10044

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6061358

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Walter Kipping

Mailing Address 4744 88th Ave SE

City State Zip Code  
Mercer Island WA 98040-4329

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

Name of Employer Information Requested Occupation Information Requested  
Rainier Cold Storage Warehouseman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2009

**Transaction ID:** C6059994

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 500.00

**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  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary S. Kleinfeld  
 Mailing Address 220 W Zapata Hw 11 Pmb 413  
 City Laredo State TX Zip Code 78043  
 Date of Receipt 04 / 28 / 2009  
**Transaction ID: C6064411**  
 Amount of Each Receipt this Period 200.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Kline  
 Mailing Address 210 Berkshire Rd  
 City Richmond State VA Zip Code 23221-3239  
 Date of Receipt 04 / 22 / 2009  
**Transaction ID: C6089236**  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas J. Knox  
 Mailing Address 6008 Corewood Ln  
 City Bethesda State MD Zip Code 20816-2302  
 Date of Receipt 04 / 07 / 2009  
**Transaction ID: C6074975**  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Shaw Pittman Llp Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s)  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul Korman

Mailing Address 933 Willowleaf Way

City Potomac State MD Zip Code 20854-2932

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

Name of Employer Vanness Filoman Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2009

Transaction ID: C6068956

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Yvonne Koshland

Mailing Address 3991 Happy Valley Rd

City Lafayette State CA Zip Code 94549-2423

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 19 / 2009

Transaction ID: C6069178

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Paul A. Kotta

Mailing Address PO Box 1896

City Soquel State CA Zip Code 95073

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2009

Transaction ID: C6090628

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

**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 138 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Kramar  
Mailing Address 537 Miner Rd  
City Highland Hts State OH Zip Code 44143  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cleveland Clinic Occupation Account Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 28 / 2009  
Transaction ID: C6088799  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Monika Kratzmann  
Mailing Address 84 Prince St Apt 5C  
City Boston State MA Zip Code 02113-1737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Intersystems Corp Occupation Customer Associate  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 262.00  
Date of Receipt 04 / 07 / 2009  
Transaction ID: C6064374  
Amount of Each Receipt this Period 81.00

**C.** Full Name (Last, First, Middle Initial)  
Ann Kraus  
Mailing Address 6927 Tokalon Dr  
City Dallas State TX Zip Code 75214-3829  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056465  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1331.00  
**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 139 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Peter A. Kraus

Mailing Address 4906 Shadywood Ln

City State Zip Code  
Dallas TX 75209-2024

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

Name of Employer Occupation  
Walters & Kraus LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056463

Amount of Each Receipt this Period  
1900.00

**B.**

Full Name (Last, First, Middle Initial)  
Martha A Krebs

Mailing Address 23 Watercrest Ct.

City State Zip Code  
Sacramento CA 95831

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

Name of Employer Occupation  
University of California Physicist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056447

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kay Kretchmar

Mailing Address 53 Village Hill Rd.

City State Zip Code  
Belmont MA 02478

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

Name of Employer Occupation  
Kaybrotta Baking Co. Baker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6072332

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3950.00**

**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  
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FOR LINE NUMBER: PAGE 140 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mathilde Krim

Mailing Address 229 Dock Ln.

City State Zip Code  
Great Neck NY 11024

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

**Transaction ID:** C6072212

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Curtis Kueker

Mailing Address 175 Pfeiffer St., #2

City State Zip Code  
San Francisco CA 94133

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

Name of Employer Self-Employed Occupation Software Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6089681

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Renaldo G. Kuhler

Mailing Address 510 Tilden St  
Apt 3

City State Zip Code  
Raleigh NC 27605-1524

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** C6082276

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **465.00**

**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 141 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Raminder Kumar

Mailing Address 445 E Northwater street  
#2505

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation  
U of Chicago Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** C6090147

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Pamela Lamarra

Mailing Address 402 N West St.

City State Zip Code  
Interlachen FL 32148

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6079326

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Juanita B. Lambert

Mailing Address 3144 Oliver St NW

City State Zip Code  
Washington DC 20015-1655

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6063116

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Rudy Lance

Mailing Address 12238 La Charca St

City State Zip Code  
San Antonio TX 78233-5515

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6078498

Amount of Each Receipt this Period  
-800.00

NSF

**B.** Full Name (Last, First, Middle Initial)  
John C. Land

Mailing Address PO Drawer 138

City State Zip Code  
Manning SC 29102

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

Name of Employer Land Parker & Welch Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2009

**Transaction ID:** C6079168

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Marian B. Langdon

Mailing Address 1811 Dougherty Ferry Rd

City State Zip Code  
Saint Louis MO 63122-3505

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

Name of Employer Self-Employed Occupation Educational Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C6075156

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **-600.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 143 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
M. Thomas Lardner

Mailing Address 5811 Redwood Ct

City State Zip Code  
Dallas TX 75209-2439

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

Name of Employer L & B Group Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056462

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Robin Larson

Mailing Address 105 Mitchel Ct.

City State Zip Code  
Anamosa IA 52205

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6073275

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
Richard A. Launey

Mailing Address 1912 Richmond St.

City State Zip Code  
Sacramento CA 95825

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

Name of Employer SJUSD Occupation Board of Education

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056415

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1475.00

**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  
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(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Helen Le Grow

Mailing Address 45 Maple St

City State Zip Code  
Islip NY 11751-4506

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

Name of Employer Occupation  
Islip Public Library Librarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6077309

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
George Leader

Mailing Address 1528 Sand Hill Rd

City State Zip Code  
Hummelstown PA 17036-9704

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

Name of Employer Occupation  
G M Leader Corp Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6069380

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
David Lebarron

Mailing Address 1337 Woolner Ave.

City State Zip Code  
Fairfield CA 94533

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

Name of Employer Occupation  
Air Science Technologies Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C6075397

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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



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

Use separate schedule(s)  
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(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Chong-Moon Lee

Mailing Address 1245 Oakmead Parkway

City State Zip Code  
Sunnyvale CA 94085

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

Name of Employer Occupation  
Ambex Venture Group Chairman/Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056443

Amount of Each Receipt this Period  
30400.00

**B.** Full Name (Last, First, Middle Initial)  
Jerry Lee

Mailing Address 260 N Pearl St  
Apt 1P

City State Zip Code  
Albany NY 12207-1211

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6082509

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy Lee

Mailing Address 2511 Bennington Dr

City State Zip Code  
San Bruno CA 94066-3907

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

Name of Employer Occupation  
City And County Of San Francisco Administrative Law Judge

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6089084

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 30850.00

**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  
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(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
William Lehrer

Mailing Address 500 Fortune Blvd

City Milford State MA Zip Code 01757-1722

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

Name of Employer PEI Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 04 / 21 / 2009

Transaction ID: C6063565

Amount of Each Receipt this Period: 375.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrea Leisy

Mailing Address 5148 Isador Ln

City Sacramento State CA Zip Code 95835-2063

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

Name of Employer Remy, Thomas, Moose and Manley, LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 22 / 2009

Transaction ID: C6056371

Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Chrys D. Lemon

Mailing Address 1600 N Oak St Apt 628

City Arlington State VA Zip Code 22209-2763

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

Name of Employer McIntyre Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 30 / 2009

Transaction ID: C6056411

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2375.00**

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

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

Use separate schedule(s)  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Margo Lesser

Mailing Address 1044 N Glenhurst

City Birmingham State MI Zip Code 48009

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 23 / 2009

**Transaction ID:** C6088748

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Judith Levine

Mailing Address 19 Bertrand Drive

City Princeton State NJ Zip Code 08540

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 01 / 2009

**Transaction ID:** C6089808

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Paul D. Lew

Mailing Address 54 Redding Ridge Dr

City Gaithersburg State MD Zip Code 20878-2664

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

Name of Employer Watson Wyatt Worldwide Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 17 / 2009

**Transaction ID:** C6083483

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 148 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Laurie Lewin

Mailing Address 28 Hitching Post Lane

City State Zip Code  
Chappaqua NY 10514

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

Name of Employer Self-Employed Occupation  
Jewelry Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6089520

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth Lewis

Mailing Address 324 6th Ave Apt. C57

City State Zip Code  
La Grange IL 60525-2436

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

Name of Employer Information Requested Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6059493

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Liebert

Mailing Address 3221 43rd Ave W

City State Zip Code  
Seattle WA 98199-2436

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

Name of Employer N/A Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6089782

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 235.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary Liebert

Mailing Address 3221 43rd Ave W

City State Zip Code  
Seattle WA 98199-2436

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6089783

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Ted Lieu

Mailing Address PO Box 1309

City State Zip Code  
Torrance CA 90505

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

Name of Employer Occupation  
State of California Assembly Member

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056419

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Grace Link

Mailing Address 2500 Valleyview Ave. Apt. 261

City State Zip Code  
Bismarck ND 58501

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C6084873

Amount of Each Receipt this Period  
120.00

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

1195.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Sarah Little

Mailing Address 500 Elmington Ave.

City Nashville State TN Zip Code 37205

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 04 / 27 / 2009  
**Transaction ID: C6079035**  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Earl A. Loomis

Mailing Address 125 Cove C Ircl

City Greenport State NY Zip Code 11944

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 24 / 2009  
**Transaction ID: C6088701**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Earl A. Loomis

Mailing Address 125 Cove C Ircl

City Greenport State NY Zip Code 11944

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 24 / 2009  
**Transaction ID: C6088702**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**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  
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(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Doris Lowenfels

Mailing Address 15 Grandview Ln

City State Zip Code  
Thornwood NY 10594-1802

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6089770

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Radomir Luza

Mailing Address 2313 Twin Silo Dr # A

City State Zip Code  
Blue Bell PA 19422-3281

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6068164

Amount of Each Receipt this Period 210.00

**C.**

Full Name (Last, First, Middle Initial)  
Audrey Lyke

Mailing Address 3516 Hopkins Dr

City State Zip Code  
Marshallton DE 19808-2913

FEC ID number of contributing federal political committee. C

Name of Employer Ework Occupation Energy Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** C6059911

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 560.00

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

**SCHEDULE A (FEC Form 3X)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Gwendy Lykke

Mailing Address 20820 Bell Bluff Rd

City Gaithersburg State MD Zip Code 20879-1112

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 04 / 29 / 2009  
Transaction ID: C6088672  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Claudia M. Lyon

Mailing Address 428 Hedgewood Dr

City Gallipolis State OH Zip Code 45631-1114

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

Name of Employer Holzer Clinic Inc. Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 01 / 2009  
Transaction ID: C6088945  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Deborah Lyons

Mailing Address 410 9th Street

City Del Mar State CA Zip Code 92014

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

Name of Employer Zarbrah, Inc. Occupation Restaurateur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 08 / 2009  
Transaction ID: C6088686  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

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



**SCHEDULE A (FEC Form 3X)  
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(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Deborah Lyons

Mailing Address 410 9th Street

City State Zip Code  
Del Mar CA 92014

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

Name of Employer Occupation  
Zarbrah, Inc Restaurateur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6088687

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Genevieve MacKinnon

Mailing Address 826 Boulder Creek Lane

City State Zip Code  
Ashland OR 97520

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6090641

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Genevieve MacKinnon

Mailing Address 826 Boulder Creek Lane

City State Zip Code  
Ashland OR 97520

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6090642

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
for each category of the  
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 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John R. Maclean  
Mailing Address 11 N Main St  
City Cleburne State TX Zip Code 76033-5543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Maclean & Boulware Occupation Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056472  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Patricia Madrid  
Mailing Address 2219 Vista Larga Ave, NE  
City Albuquerque State NM Zip Code 87106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056535  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Shahrokh Mafi  
Mailing Address 1824 Brannen Rd SE  
City Atlanta State GA Zip Code 30316-3610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Student  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00  
Date of Receipt 04 / 27 / 2009  
Transaction ID: C6089719  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**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

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(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Stephen Malouf

Mailing Address 3811 Turtle Creek Blvd.  
Suite 1600

City State Zip Code  
Dallas TX 75219

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056533

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Phil Manke

Mailing Address W9230 State Road 21

City State Zip Code  
Wautoma WI 54982

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6067320

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Whitman F. Manley

Mailing Address 716 1st Street

City State Zip Code  
Woodland CA 95695

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

Name of Employer Remy, Thomas, Moose and Manley, LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6056370

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5250.00**

**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 156 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Roberta Manning  
Mailing Address 176 Dedham St

City State Zip Code  
Newton Hlds MA 02461-2118

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

Name of Employer Occupation  
Boston College College Prof. Of History

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

Transaction ID: C6063568

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Maeva Marcus  
Mailing Address 5600 Harwick Rd

City State Zip Code  
Bethesda MD 20816-2052

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

Name of Employer Occupation  
Supreme Court Historical Society Historian

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6062077

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Frederic R Marschner  
Mailing Address 100 Pringle Ave; Ste 150  
Suite 150

City State Zip Code  
Walnut Creek CA 94596

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

Name of Employer Occupation  
Northwestern Mutual Financial Network Life, Disability & Long Term Care Ins.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6089829

Amount of Each Receipt this Period  
50.00

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

410.00

**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  
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FOR LINE NUMBER: PAGE 157 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Norman A. Marshall

Mailing Address 20543 Debbie Ln

City State Zip Code  
Saratoga CA 95070-4827

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C6060170

Amount of Each Receipt this Period  
116.00

**B.** Full Name (Last, First, Middle Initial)  
Carol S. Martin

Mailing Address 208 W Golf Pl

City State Zip Code  
Pagosa Springs CO 81147-9316

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6067996

Amount of Each Receipt this Period  
111.00

**C.** Full Name (Last, First, Middle Initial)  
Mathias Masem

Mailing Address 80 Grand Ave Ste 600

City State Zip Code  
Oakland CA 94612-3744

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

Name of Employer UCSF Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6056360

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5227.00

**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 158 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Meigs Matheson

Mailing Address 1914 Clemens Rd

City State Zip Code  
Oakland CA 94602

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Unemployed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 01 / 2009

**Transaction ID:** C6090538

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrew L. Maverick

Mailing Address 82 Fremont Pl

City State Zip Code  
Los Angeles CA 90005-3858

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 21 / 2009

**Transaction ID:** C6070576

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Byron May

Mailing Address PO Box 147

City State Zip Code  
West Liberty KY 41472-0147

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 08 / 2009

**Transaction ID:** C6065280

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1350.00

**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  
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FOR LINE NUMBER: PAGE 159 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Byron May

Mailing Address PO Box 147

City State Zip Code  
West Liberty KY 41472-0147

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056817

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Miachel F. Mayer

Mailing Address 50 Popham Rd.  
Apt. 5B

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6067811

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Miachel F. Mayer

Mailing Address 50 Popham Rd.  
Apt. 5B

City State Zip Code  
Scarsdale NY 10533

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6067812

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Mc Cormack

Mailing Address 870 United Nations Plz  
Apt. 8A

City State Zip Code  
New York NY 10017-1807

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

Name of Employer Occupation  
Laurance S Rockefeller Advisor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6058986

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Joel W. McClure

Mailing Address 2510 Cresta de Ruta

City State Zip Code  
Eugene OR 97403

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6084331

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Leah McDonald

Mailing Address PO Box 1323

City State Zip Code  
Choteau MT 59422-1323

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6063980

Amount of Each Receipt this Period  
320.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **670.00**

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



**SCHEDULE A (FEC Form 3X)  
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 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
George McElroy

Mailing Address 62 Pointe Park Place

City State Zip Code  
Grosse Pointe MI 48236

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C6066193

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
D. E. McGill

Mailing Address PO Box 619

City State Zip Code  
Bayfield CO 81122-0619

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6090999

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
John H McGowen

Mailing Address 485 Waxflower Ln

City State Zip Code  
Fallbrook CA 92028-2448

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6057638

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**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  
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FOR LINE NUMBER: PAGE 162 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary Anne McGuire-Hickey

Mailing Address 50 Mariposa St

City State Zip Code  
Brisbane CA 94005-1533

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6057723

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth L. McKeever

Mailing Address 80 Margaretta Court

City State Zip Code  
Staten Island NY 10314

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C6086401

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mary Alice McLarty

Mailing Address 6407 Clubhouse Cir

City State Zip Code  
Dallas TX 75240-5444

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6056376

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1360.00**

**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 163 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
George McLaughlin

Mailing Address 3525 Turtle Creek Boulevard 14B  
14BC

City State Zip Code  
Dallas TX 75219

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

Name of Employer Occupation  
Best Merchant Partners Senior Advisor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6090212

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Jill McNeil

Mailing Address 301 Islington Road

City State Zip Code  
Newton MA 02466

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

Name of Employer Occupation  
CSC Business Architect

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 9

**Transaction ID:** C6088967

Amount of Each Receipt this Period  
160.00

**C.** Full Name (Last, First, Middle Initial)  
Robert McWilliams

Mailing Address 22 Locust Dr

City State Zip Code  
Florissant MO 63031-8221

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

Name of Employer Occupation  
Lashey A Bren Pc Attorney

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C6078430

Amount of Each Receipt this Period  
77.80

**SUBTOTAL** of Receipts This Page (optional) ..... ► **337.80**

**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 164 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
McArthur Means

Mailing Address 753 W Bode Cir  
Apt 212

City Hoffman Estates State IL Zip Code 60169-2947

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

**Transaction ID:** C6090057

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Meany

Mailing Address 350 Jackson St  
No 501

City San Francisco State CA Zip Code 94111-2348

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

Name of Employer Wilson, Meany, Sullivan Occupation Real Estate

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6007451

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Roy J. Messelt

Mailing Address 13419 Van Buren St NE

City Ham Lake State MN Zip Code 55304-6959

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6061911

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1360.00

**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 165 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Lawrence W. Miles

Mailing Address 3249 Clairidge Way

City Sacramento State CA Zip Code 95821

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

Name of Employer The Miles Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056437  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Margaret Miller

Mailing Address 3737 Atwell Ste 206

City Dallas State TX Zip Code 75209

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056484  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy C. Miller

Mailing Address 1782 11th Ave

City Sacramento State CA Zip Code 95818-4164

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

Name of Employer Miller Owen & Frost Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: C6056421  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 166 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
William S. Miller

Mailing Address 50 Popham Rd.

City State Zip Code  
Scarsdale NY 10533

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6079160

Amount of Each Receipt this Period  
112.00

**B.** Full Name (Last, First, Middle Initial)  
Bernie Minsk

Mailing Address 7415 8th Ave. NW Apt. A

City State Zip Code  
Seattle WA 98117

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6060812

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Monaldi

Mailing Address 3803 Hamilton Avenue

City State Zip Code  
Baltimore MD 21206

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

Name of Employer Penn-Mar Organization, Inc. Occupation Residential Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6089438

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **332.00**

**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 167 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Moore

Mailing Address PO Box 1213

City State Zip Code  
Saratoga Springs NY 12866-0888

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6064090

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Donald E. Morris

Mailing Address 10624 S Eastern Ave # A201

City State Zip Code  
Henderson NV 89052-2982

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 28400.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6007430

Amount of Each Receipt this Period  
23400.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald Morrison

Mailing Address P.O. Box 14316

City State Zip Code  
San Francisco CA 94114

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6091305

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 24650.00

**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 168 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Christopher Moscone  
 Mailing Address 35 Laverne Avenue  
 City State Zip Code  
 Mill Valley CA 94941  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 9  
**Transaction ID:** C6056358  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Moscone Public Affairs Executive  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
David Moyar  
 Mailing Address 13415 Shaker Blvd  
 Apt 10D2  
 City State Zip Code  
 Cleveland OH 44120-5617  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 1 / 2 0 0 9  
**Transaction ID:** C6069299  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mei Hotels Hotels  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
Diana Mozumder  
 Mailing Address 23705 Mariner Dr Apt 182  
 City State Zip Code  
 Dana Point CA 92629  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9  
**Transaction ID:** C6089496  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 So Coast Med Ctr/PCR Kims-  
 taff HR Registered Nurse  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

Use separate schedule(s)  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Diana Mozumder

Mailing Address 23705 Mariner Dr Apt 182

City Dana Point State CA Zip Code 92629

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

Name of Employer So Coast Med Ctr/PCR Kims-taff HR Occupation Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 27 / 2009  
Transaction ID: C6089497  
Amount of Each Receipt this Period 35.00

**B.** Full Name (Last, First, Middle Initial)  
Philip R. Munger

Mailing Address 40 Fifth Avenue #11C

City New York State NY Zip Code 10011-8843

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

Name of Employer Self-Employed Occupation Policy Analyst

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056506  
Amount of Each Receipt this Period 1900.00

**C.** Full Name (Last, First, Middle Initial)  
Murray G. Murphey

Mailing Address 200 Rhyle Ln

City Bala Cynwyd State PA Zip Code 19004-2324

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 16 / 2009  
Transaction ID: C6068722  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2035.00

**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  
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FOR LINE NUMBER: PAGE 170 / 551  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Murray G. Murphey

Mailing Address 200 Rhyle Ln

City State Zip Code  
Bala Cynwyd PA 19004-2324

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6062403

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Murray G. Murphey

Mailing Address 200 Rhyle Ln

City State Zip Code  
Bala Cynwyd PA 19004-2324

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6068723

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Shakir Mustafa

Mailing Address PO BOX 450201

City State Zip Code  
Kissimmee FL 34745

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

Name of Employer Self-Employed Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6088904

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **235.00**

**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 171 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Shakir Mustafa

Mailing Address PO BOX 450201

City State Zip Code  
Kissimmee FL 34745

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

Name of Employer Self-Employed Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2009

**Transaction ID:** C6088903

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Shakir Mustafa

Mailing Address PO BOX 450201

City State Zip Code  
Kissimmee FL 34745

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

Name of Employer Self-Employed Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6090301

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Michael H. Namadan

Mailing Address 143 Vinewood Dr

City State Zip Code  
Safety Harbor FL 34695-4688

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6078191

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **240.00**

**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 172 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Shirley Nash

Mailing Address P.O. Box 348

City State Zip Code  
Chester Springs PA 19425

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6074411

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia Nelson

Mailing Address 21262 E Saddlerock Lane

City State Zip Code  
Aurora CO 80016

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

Name of Employer Self-Employed Occupation Marketing Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C6089171

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Rick Nemeroff

Mailing Address 9400 N. Central Expwy Suite 608

City State Zip Code  
Dallas TX 75231

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

Name of Employer DeLuca & Nemeroff Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056512

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**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 173 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Ben Neufeld

Mailing Address 2008 Linda Flora Dr

City State Zip Code  
Los Angeles CA 90077-1407

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

Transaction ID: C6062211

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Patricia H Noyes

Mailing Address 2014 Elk Ave

City State Zip Code  
Eugene OR 97403-1734

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: C6058552

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas J. O'Donnell

Mailing Address 10 West Kirke Street

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
Gephardt Group Lobbyist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056391

Amount of Each Receipt this Period

10000.00

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

11500.00

**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 174 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dave Oldham  |                                       | Date of Receipt<br>MM / DD / YYYY<br>04 / 01 / 2009 |
| Mailing Address 632 Grove Avenue<br>Apartment 1   |                                       | <b>Transaction ID:</b> C6090407                     |
| City<br>Johnstown   | State<br>PA                           | Zip Code<br>15902                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Association for the Blind and Handicap  | Occupation<br>Sewing Machine Operator |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00    |   |

**B.**

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dave Oldham  |                                       | Date of Receipt<br>MM / DD / YYYY<br>04 / 04 / 2009 |
| Mailing Address 632 Grove Avenue<br>Apartment 1   |                                       | <b>Transaction ID:</b> C6090408                     |
| City<br>Johnstown   | State<br>PA                           | Zip Code<br>15902                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>15.00         |
| Name of Employer<br>Association for the Blind and Handicap  | Occupation<br>Sewing Machine Operator |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00    |   |

**C.**

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dave Oldham  |                                       | Date of Receipt<br>MM / DD / YYYY<br>04 / 17 / 2009 |
| Mailing Address 632 Grove Avenue<br>Apartment 1   |                                       | <b>Transaction ID:</b> C6090409                     |
| City<br>Johnstown   | State<br>PA                           | Zip Code<br>15902                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>35.00         |
| Name of Employer<br>Association for the Blind and Handicap  | Occupation<br>Sewing Machine Operator |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00    |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 175 / 551  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dave Oldham

Mailing Address 632 Grove Avenue  
Apartment 1

City Johnstown State PA Zip Code 15902

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

Name of Employer Association for the Blind and Handicap Occupation Sewing Machine Operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6089309

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Ruth Olds

Mailing Address 10501 Lagrima De Oro Rd NE  
Apt. 350

City Albuquerque State NM Zip Code 87111-3737

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C6069561

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert J. Oremus

Mailing Address 9510 S Kolmar Ave  
Apt. 108

City Oak Lawn State IL Zip Code 60453-7200

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

Name of Employer Prairie Material Sales In-c. Occupation Office Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: C6071816

Amount of Each Receipt this Period  
180.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **465.00**

**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 176 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Robert J. Oremus

Mailing Address 9510 S Kolmar Ave  
Apt. 108

City State Zip Code  
Oak Lawn IL 60453-7200

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

Name of Employer Occupation  
Prairie Material Sales In- Office Worker  
c.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 295.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6071815

Amount of Each Receipt this Period  
115.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Ortner

Mailing Address 28 Paddington Rd

City State Zip Code  
Scarsdale NY 10583-2322

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

Name of Employer Occupation  
Proskauer Rosé LLP Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056438

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Irene P. Osborn

Mailing Address 61 Carroll St

City State Zip Code  
Bronx NY 10464-1463

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

Name of Employer Occupation  
Mount Sinai Hospital Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6074324

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2315.00

**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 177 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mildred D. Owens

Mailing Address 3321 Greenmeade Rd

City State Zip Code  
Baltimore MD 21244-1137

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

Name of Employer Social Security Adm Occupation Program Analyst

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 316.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6069599

Amount of Each Receipt this Period  
66.00

**B.**

Full Name (Last, First, Middle Initial)  
Mildred D. Owens

Mailing Address 3321 Greenmeade Rd

City State Zip Code  
Baltimore MD 21244-1137

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

Name of Employer Social Security Adm Occupation Program Analyst

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 316.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6074889

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael F. Ozaki

Mailing Address 6451 Sundance Cir

City State Zip Code  
Huntington Beach CA 92647-6546

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

Name of Employer Bristol Park Medical Group Occupation Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6088732

Amount of Each Receipt this Period  
100.00

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

416.00

**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 178 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Christopher Paci

Mailing Address 1172 Park Ave. Apt. 4C

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Dla Piper US Llp Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6078628

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
J Rock Palermo

Mailing Address 4603 Angelle Dr.

City State Zip Code  
Sulphur LA 70663

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6080303

Amount of Each Receipt this Period  
210.00

**C.**

Full Name (Last, First, Middle Initial)  
Adelaide P. Park

Mailing Address 513 Wyckoff Rd.

City State Zip Code  
Ithaca NY 14850

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

Name of Employer Occupation  
Pork Foundation Program Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** C6073139

Amount of Each Receipt this Period  
3000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3460.00**

**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 179 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Glenn F. Park

Mailing Address 222 Aloha Dr. #901  
Apt. 901

City State Zip Code  
Hon HI 96815

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

Name of Employer State Of Hawaii Occupation Social Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C6058764

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Ethel E. Parker

Mailing Address 48 Parker Rd

City State Zip Code  
Fort Shaw MT 59443-9400

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

**Transaction ID:** C6062203

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Ethel E. Parker

Mailing Address 48 Parker Rd

City State Zip Code  
Fort Shaw MT 59443-9400

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C6062204

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

**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 180 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

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

Mailing Address 8817 Sleepy Hollow Lane

City Potomac State MD Zip Code 20854

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

Name of Employer Parven Pomper Strategies Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6056523

Amount of Each Receipt this Period 1900.00

**B.**

Full Name (Last, First, Middle Initial)  
Gloria Y. Paton

Mailing Address 31 Samantha Dr.

City Coram State NY Zip Code 11727

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 30 / 2009

Transaction ID: C6061097

Amount of Each Receipt this Period 115.00

**C.**

Full Name (Last, First, Middle Initial)  
Virginia Patterson

Mailing Address 203 Santa Rosa Ave

City Sausalito State CA Zip Code 94965-2036

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 10 / 2009

Transaction ID: C6069156

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2215.00

**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 181 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Virginia Patterson

Mailing Address 203 Santa Rosa Ave

City Sausalito State CA Zip Code 94965-2036

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6057823

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Margaret A. Patton

Mailing Address 807 SW Terrace Ave

City Topeka State KS Zip Code 66611-1218

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C6082629

Amount of Each Receipt this Period  
66.00

**C.**

Full Name (Last, First, Middle Initial)  
Margaret A. Patton

Mailing Address 807 SW Terrace Ave

City Topeka State KS Zip Code 66611-1218

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6073762

Amount of Each Receipt this Period  
66.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **232.00**

**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 182 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Leonidas W. Payne

Mailing Address 284 York Ln.

City Washington State MO Zip Code 63090

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 16 / 2009

**Transaction ID:** C6071906

Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Warren H. Pearse

Mailing Address 10450 Lottsford Rd. Apt. 5005

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 20 / 2009

**Transaction ID:** C6066537

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Warren H. Pearse

Mailing Address 10450 Lottsford Rd. Apt. 5005

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6066538

Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... 405.00

**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 183 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Trudy Peltier

Mailing Address 1928 Cambridge Dr.

City State Zip Code  
La Place LA 70068

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6091581

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Pelz

Mailing Address 900 University St  
Apt 13P

City State Zip Code  
Seattle WA 98101-2778

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6088930

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Pennoyer

Mailing Address 33 E 70th St

City State Zip Code  
New York NY 10021-4941

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

Name of Employer Occupation  
Patterson Belknap Webb & Tyler Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6058365

Amount of Each Receipt this Period  
1000.00

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

1350.00

**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 184 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
JaMel Perkins  
Mailing Address 3565 Washington St  
City San Francisco State CA Zip Code 94118-1848  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt 04 / 20 / 2009  
Transaction ID: C6056359  
Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Guadalupe Perkis  
Mailing Address P.O. Box 445  
City San Antonio State FL Zip Code 33576  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056713  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Gordon B. Peters  
Mailing Address 824 Hinman Ave Apt. 2N  
City Evanston State IL Zip Code 60202-5906  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 24 / 2009  
Transaction ID: C6068176  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5250.00  
**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 185 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Katharine L. Picard

Mailing Address 3707 Raymond St

City State Zip Code  
Chevy Chase MD 20815-4149

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

Name of Employer Occupation  
Johns Hopkins U Librarian

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6068037

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Albert Plourde

Mailing Address 54 Highland Ave  
Unit 26

City State Zip Code  
Tewksbury MA 01876-3447

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6083381

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Albert Plourde

Mailing Address 54 Highland Ave  
Unit 26

City State Zip Code  
Tewksbury MA 01876-3447

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

Transaction ID: C6083380

Amount of Each Receipt this Period

40.00

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

390.00

**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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Edward Pollak

Mailing Address 111 Lynn Ave  
Apt. 810

City Ames State IA Zip Code 50014-7191

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

Name of Employer Iowa State Univ Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 27 / 2009  
Transaction ID: C6062624  
Amount of Each Receipt this Period 450.00

**B.** Full Name (Last, First, Middle Initial)  
Kay K. Poyner

Mailing Address 11501 Bondurant Dr

City Richmond State VA Zip Code 23236-2474

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 09 / 2009  
Transaction ID: C6082062  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Silas Prather

Mailing Address 1337 S 101St St  
Apt 121

City Omaha State NE Zip Code 68124-1095

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

Name of Employer Self-Employed Occupation Management Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: C6057265  
Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 705.00

**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  
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(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Carole Pratt

Mailing Address PO Box 64

City Philo State CA Zip Code 95466-0064

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 07 / 2009

**Transaction ID:** C6059850

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Carole Pratt

Mailing Address PO Box 64

City Philo State CA Zip Code 95466-0064

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6064985

Amount of Each Receipt this Period 150.00

**C.**

Full Name (Last, First, Middle Initial)  
Melretta Pratt

Mailing Address 7030 NW 28th Ave

City Miami State FL Zip Code 33147-6762

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 04 / 21 / 2009

**Transaction ID:** C6065578

Amount of Each Receipt this Period 1200.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

**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 189 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Rosemary Pritzker

Mailing Address 1578 Noe St.  
Apt 4W

City San Francisco State CA Zip Code 94131

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Writer, Photographer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 22 / 2009

**Transaction ID:** C6090263

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Howard E. Rachofsky

Mailing Address 8201 Preston Rd., Suite 400

City Dallas State TX Zip Code 75225

FEC ID number of contributing federal political committee. C

Name of Employer Dent Law Firm Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6056500

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Bernard Raimo

Mailing Address 157 Kentucky Ave SE

City Washington State DC Zip Code 20003-1447

FEC ID number of contributing federal political committee. C

Name of Employer Dem Leader Us House Of Rep Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6082714

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00

**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 190 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Karen Reibstein

Mailing Address 942 Roscommon Rd

City State Zip Code  
Bryn Mawr PA 19010-1843

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** C6068867

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary L. Riccobono

Mailing Address 1807 Restful Dr

City State Zip Code  
Bradenton FL 34207-4560

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6063553

Amount of Each Receipt this Period  
110.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Richards

Mailing Address 592 E Beaumont Rd

City State Zip Code  
Columbus OH 43214-2272

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6082342

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **460.00**

**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  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jonathan Richman

Mailing Address 325 W End Ave  
Apt 5B

City State Zip Code  
New York NY 10023-8138

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

Name of Employer Occupation  
Debevoise & Plimpton Llp Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID:** C6062267

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Helena Riney

Mailing Address 7517 Swanson Ln

City State Zip Code  
Sarasota FL 34231-7918

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6058454

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen Robert

Mailing Address 667 Madison Ave

City State Zip Code  
New York NY 10065-8029

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

Name of Employer Occupation  
Renaissance Institutional Management Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6007428

Amount of Each Receipt this Period  
30400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30750.00**

**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

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(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Owen W. Roberts

Mailing Address 4701 Fulton St NW

City State Zip Code  
Washington DC 20007-1024

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: C6060298

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Elmer Robinson

Mailing Address 668 Adams Ave

City State Zip Code  
Los Banos CA 93635-4702

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C6082625

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Linda Rockwell

Mailing Address P.O. Box 728

City State Zip Code  
West Kingston RI 02892

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

Name of Employer Occupation  
City of St. Louis Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6078828

Amount of Each Receipt this Period  
150.00

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

700.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Sharon Rodgers

Mailing Address 7273 Pam Ln

City State Zip Code  
Terrell TX 75161-8046

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

Name of Employer Occupation  
Texas Health Resources Audit RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6070592

Amount of Each Receipt this Period  
111.00

**B.**

Full Name (Last, First, Middle Initial)  
Norma Rodriguez

Mailing Address 2101 W Summit Ave.

City State Zip Code  
San Antonio TX 78201

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6057376

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Debra M. Roepke

Mailing Address 616 Tivoli Psge

City State Zip Code  
Alexandria VA 22314-1900

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6078389

Amount of Each Receipt this Period  
209.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **520.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Kenneth C. Rogers

Mailing Address 6202 Perthshire Ct

City State Zip Code  
Bethesda MD 20817-3348

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 9

Transaction ID: C6088997

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth C. Rogers

Mailing Address 6202 Perthshire Ct

City State Zip Code  
Bethesda MD 20817-3348

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

Transaction ID: C6088998

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth C. Rogers

Mailing Address 6202 Perthshire Ct

City State Zip Code  
Bethesda MD 20817-3348

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: C6088999

Amount of Each Receipt this Period  
50.00

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

110.00

**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  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Antonio M. Romanucci  
Mailing Address 450 W Superior St  
City Chicago State IL Zip Code 60610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Romanucci & Blandin Occupation Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 04 / 29 / 2009  
Transaction ID: C6056431  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Jan E. Ronis  
Mailing Address 1100 Glorietta Blvd.  
City San Diego State CA Zip Code 92118  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6085067  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
John L. Rosenfeld  
Mailing Address 2401 Arbutus Dr  
City Los Angeles State CA Zip Code 90049-1208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 314.00  
Date of Receipt 04 / 01 / 2009  
Transaction ID: C6090045  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2850.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Karen B. Rosenstein

Mailing Address 17152 Village 17

City State Zip Code  
camarillo CA 93012

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 01 / 2009  
Transaction ID: C6090326  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Karen B. rosenstein

Mailing Address 17152 Village 17

City State Zip Code  
camarillo CA 93012

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 23 / 2009  
Transaction ID: C6090327  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen B. Ross

Mailing Address 2084 Flamingo Dr

City State Zip Code  
Costa Mesa CA 92626-4722

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 04 / 15 / 2009  
Transaction ID: C6082677  
Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

**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  
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(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Peter Rossi

Mailing Address 34 Stagecoach Rd

City State Zip Code  
Amherst MA 01002-3527

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

Name of Employer Information Requested Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

Transaction ID: C6062684

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard L. Roth

Mailing Address 1220 26th St

City State Zip Code  
Boulder CO 80302-6802

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

Name of Employer N/A Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6063018

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Arlene Rowe

Mailing Address 3521 Lake Oak Ridge Dr.

City State Zip Code  
Enterprise AL 36330

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

Name of Employer Coldwell Banker Prestige Occupation  
Realtor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 155.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: C6090222

Amount of Each Receipt this Period  
50.00

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

550.00

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

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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jack Rubinsohn  
Mailing Address 3272 Highfield Dr  
City Bethlehem State PA Zip Code 18020-1153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.00  
Date of Receipt 04 / 01 / 2009  
Transaction ID: C6090093  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Jack Rubinsohn  
Mailing Address 3272 Highfield Dr  
City Bethlehem State PA Zip Code 18020-1153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.00  
Date of Receipt 04 / 28 / 2009  
Transaction ID: C6090094  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Kay Ruma  
Mailing Address 826 Reef Rd  
City Vero Beach State FL Zip Code 32963-2921  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation N/A  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 04 / 29 / 2009  
Transaction ID: C6089045  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00  
**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 199 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Donald W. Runde

Mailing Address 26657 Humber St.

City State Zip Code  
Huntington Woods MI 48070

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6078829

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Alton Russell

Mailing Address 3501 Renzel Blvd  
Apt 251

City State Zip Code  
Fort Worth TX 76116-6637

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

**Transaction ID:** C6067923

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
Arthur Sadin

Mailing Address 2207 Lakeway Dr

City State Zip Code  
Friendswood TX 77546-6179

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056435

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5155.00**

**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 200 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeannette Safran

Mailing Address 1200 N Adams Rd  
Unit 2

City Birmingham State MI Zip Code 48009-5567

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 04 / 14 / 2009  
**Transaction ID:** C6070368  
 Amount of Each Receipt this Period: 120.00

**B.** Full Name (Last, First, Middle Initial)  
Eric P. Salonen

Mailing Address 1638 Hobart St NW

City Washington State DC Zip Code 20009-3705

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

Name of Employer Stewart and Stewart Occupation Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID:** C6061675  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert D. Sanchez

Mailing Address 14110 Tallow Point Ct

City Houston State TX Zip Code 77062-8047

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

Name of Employer Jacobs Engineering Occupation Contracts Admin

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 04 / 10 / 2009  
**Transaction ID:** C6075299  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 395.00

**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 201 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert D. Sanchez

Mailing Address 14110 Tallow Point Ct

City State Zip Code  
Houston TX 77062-8047

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

Name of Employer Occupation  
Jacobs Engineering Contracts Admin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C6083722

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Susan Sandler

Mailing Address 553 Arkansas St.

City State Zip Code  
San Francisco CA 94107-2817

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

Name of Employer Occupation  
Justice Matters Institute Policy Advocate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056490

Amount of Each Receipt this Period  
15200.00

**C.** Full Name (Last, First, Middle Initial)  
Roger W. Sant

Mailing Address 2929 N St NW

City State Zip Code  
Washington DC 20007-3342

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

Name of Employer Occupation  
AES Corporation Founders

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056517

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 20240.00

**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 202 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Victoria P. Sant

Mailing Address 2929 N St NW

City State Zip Code  
Washington DC 20036-3433

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

Name of Employer Occupation  
Summit Foundation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056568

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Gaile B Sarma

Mailing Address 140 Autumn Hill Rd

City State Zip Code  
Princeton NJ 08540-2912

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6074962

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Marjorie Satz

Mailing Address 5 Bayard Rd  
Apt 818

City State Zip Code  
Pittsburgh PA 15213-1907

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

Name of Employer Occupation  
Northern SW Community Mh/- Mr Ct. Social Worker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6074786

Amount of Each Receipt this Period  
250.00

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

5450.00

**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 203 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Harold H. Saunders

Mailing Address 2101 Lorraine Ave

City State Zip Code  
Mc Lean VA 22101-5332

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6071122

Amount of Each Receipt this Period 210.00

**B.** Full Name (Last, First, Middle Initial)  
Lisa Savitt

Mailing Address 5824 Bradley Blvd.

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6074426

Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Richard A. Sayles

Mailing Address 1201 Elm St Ste 4400

City State Zip Code  
Dallas TX 75270-2107

FEC ID number of contributing federal political committee. C

Name of Employer Sayles & Lidji Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056460

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2235.00

**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 204 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Juliette J Schick

Mailing Address 7077 Applewood Dr

City State Zip Code  
Madison WI 53719-4949

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

Name of Employer Occupation  
Scilog Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6077647

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Alice L. Schonfeld

Mailing Address 2848 Avenida Valera

City State Zip Code  
Carlsbad CA 92009

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

Name of Employer Occupation  
United States Postal Service Letter Carrier

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

Transaction ID: C6066895

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Alice S. Schulman

Mailing Address 5 Marsh Millet Ct.

City State Zip Code  
Spring TX 77380

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C6073343

Amount of Each Receipt this Period  
250.00

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

575.00

**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 205 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Naoko Scott

Mailing Address 225 E 57th St

City State Zip Code  
New York NY 10022-2822

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6058520

Amount of Each Receipt this Period 240.00

**B.** Full Name (Last, First, Middle Initial)  
Michael N. Searles

Mailing Address P.O. Box 464

City State Zip Code  
Waynesboro GA 30830

FEC ID number of contributing federal political committee. C

Name of Employer Augusta State Univ Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6078881

Amount of Each Receipt this Period 111.00

**C.** Full Name (Last, First, Middle Initial)  
Robert E Selleck

Mailing Address 7092 Sayre Dr

City State Zip Code  
Piedmont CA 94611-1429

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6063715

Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) ..... 431.00

**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 206 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Lorenzo Semple

Mailing Address 1181 McClellan Dr.

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6078888

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Marie L. Serra

Mailing Address 255 Evernia St. Apt. 1303

City State Zip Code  
West Palm Beach FL 33401

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

**Transaction ID:** C6084895

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Suzanne G. Seton

Mailing Address 1960 Vallejo St Apt 2

City State Zip Code  
San Francisco CA 94123-4944

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

Name of Employer N/A Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C6059735

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 207 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Suzanne G. Seton

Mailing Address 1960 Vallejo St  
Apt 2

City San Francisco State CA Zip Code 94123-4944

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6064790

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Muriel S. Sevens

Mailing Address 22215 144th Ave SE

City Kent State WA Zip Code 98042-3153

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6074188

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Muriel S. Sevens

Mailing Address 22215 144th Ave SE

City Kent State WA Zip Code 98042-3153

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6074189

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... 385.00

**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 208 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Freema Shapiro

Mailing Address 170 Brattle St

City State Zip Code  
Cambridge MA 02138-3309

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6063134

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Irving E. Sheffel

Mailing Address 1215 SW 29th Ter Apt 4

City State Zip Code  
Topeka KS 66611-2192

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6077935

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Louise Sherikar

Mailing Address 27542 Halcon

City State Zip Code  
Mission Viejo CA 92691

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6084950

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**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 209 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Clyde Shorey  
Mailing Address 3033 W Lane Kys NW  
City Washington State DC Zip Code 20007-3057  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6059190  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Siegel  
Mailing Address 7426 Kenshire Ln  
City Dallas State TX Zip Code 75230-2408  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Walters & Kraus Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 25000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6056476  
Amount of Each Receipt this Period 25000.00

**C.** Full Name (Last, First, Middle Initial)  
Paul S. Simmons  
Mailing Address 2514 Oakenshield Road  
City Davis State CA Zip Code 95616  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Somach, Simmons, & Dunn Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 27 / 2009  
Transaction ID: C6056405  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 26500.00  
**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 210 / 551  
(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Daniel A. Simon

Mailing Address 45 W 60th St  
Apt 15A

City State Zip Code  
New York NY 10023-7943

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2009

**Transaction ID:** C6056388

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel A. Simon

Mailing Address 45 W 60th St  
Apt 15A

City State Zip Code  
New York NY 10023-7943

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2009

**Transaction ID:** C6056390

Amount of Each Receipt this Period  
20400.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Bromberg Simon

Mailing Address Hc 67 Box 1252

City State Zip Code  
Big Sur CA 93920

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

Name of Employer WBLLC Occupation Product Development Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6090207

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25450.00

**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 211 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter Bromberg Simon

Mailing Address Hc 67 Box 1252

City State Zip Code  
Big Sur CA 93920

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

Name of Employer WBLLC      Occupation Product Development Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6090208

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Bromberg Simon

Mailing Address Hc 67 Box 1252

City State Zip Code  
Big Sur CA 93920

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

Name of Employer WBLLC      Occupation Product Development Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 8 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6090209

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Bromberg Simon

Mailing Address Hc 67 Box 1252

City State Zip Code  
Big Sur CA 93920

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

Name of Employer WBLLC      Occupation Product Development Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 8 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6090210

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

**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 212 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Carol Noell Sims

Mailing Address 1252 Loch Tanna Loop

City State Zip Code  
Saint Johns FL 32259

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

Name of Employer Occupation  
Baptist Health Physician Assistant

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 325.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6090444

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Linda D. Sisson

Mailing Address 5525 Riverbend Dr.

City State Zip Code  
Knoxville TN 37919

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6061310

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Barry Skeist

Mailing Address 738 Douglas Dr

City State Zip Code  
Waverly NY 14892-9509

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

Name of Employer Occupation  
Guthrie Clinic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6059983

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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 213 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Edward A. Smeloff

Mailing Address 302 Jetty Drive

City Richmond State CA Zip Code 95804

FEC ID number of contributing federal political committee. C

Name of Employer SunPower Corporation Occupation Principal US Utilities

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** C6056418

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Harlan Smith

Mailing Address 1706 Ryan Ave W

City Saint Paul State MN Zip Code 55113-5613

FEC ID number of contributing federal political committee. C

Name of Employer U of MN Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 13 / 2009

**Transaction ID:** C6077375

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Roberta Smith

Mailing Address 1818 Green Jays Ct.

City Corpus Christi State TX Zip Code 78418

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 04 / 24 / 2009

**Transaction ID:** C6089163

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1400.00

**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 214 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Walter H. Sokel  |                                 | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 1650 Jackson St<br>Apt 609  |                                 | Transaction ID: C6057739                            |
| City<br>San Francisco   | State Zip Code<br>CA 94109-3031 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>160.00        |
| Name of Employer<br>N/A   | Occupation<br>Retired           | Aggregate Year-to-Date ▼<br>320.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**B.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Martha Solano  |                                 | Date of Receipt<br>MM / DD / YYYY<br>04 / 01 / 2009 |
| Mailing Address 2848 US Highway 30  |                                 | Transaction ID: C6088689                            |
| City<br>Batavia   | State Zip Code<br>OH 45103-9520 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>50.00         |
| Name of Employer<br>Self-Employed   | Occupation<br>Consultant        | Aggregate Year-to-Date ▼<br>450.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**C.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Martha Solano  |                                 | Date of Receipt<br>MM / DD / YYYY<br>04 / 29 / 2009 |
| Mailing Address 2848 US Highway 30  |                                 | Transaction ID: C6088690                            |
| City<br>Batavia   | State Zip Code<br>OH 45103-9520 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Self-Employed   | Occupation<br>Consultant        | Aggregate Year-to-Date ▼<br>450.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 310.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 215 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Arlene Solomon

Mailing Address 5501 E El Cedral St.

City State Zip Code  
Long Beach CA 90815

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: C6084644

Amount of Each Receipt this Period  
450.00

**B.**

Full Name (Last, First, Middle Initial)  
Stuart L. Somach

Mailing Address 2657 Montgomery Way

City State Zip Code  
Sacramento CA 95818

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

Name of Employer Somach, Simmons & Dunn Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

Transaction ID: C6056404

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Christine Spagnoli

Mailing Address 1303 Hill St

City State Zip Code  
Santa Monica CA 90405-4723

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

Name of Employer Greene, Broillett, Taylor & Wheeler Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056425

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2450.00**

**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 216 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Viola Spalding

Mailing Address 43641 Henson Rd.

City State Zip Code  
Hempstead TX 77445

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6073828

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)  
Helen B. Spaulding

Mailing Address 220 Boylston St  
Apt 1003

City State Zip Code  
Boston MA 02116-3948

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: C6068240

Amount of Each Receipt this Period

450.00

**C.**

Full Name (Last, First, Middle Initial)  
Jackson Spievolgel

Mailing Address 424 W Fairmount Ave

City State Zip Code  
State College PA 16801-4612

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

Name of Employer Occupation  
Writer Water Planner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: C6082382

Amount of Each Receipt this Period

35.00

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

1385.00

**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 217 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jackson Spievolgel

Mailing Address 424 W Fairmount Ave

City State Zip Code  
State College PA 16801-4612

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

Name of Employer Occupation  
Writer Water Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID:** C6068447

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Jane Spragg

Mailing Address 56 N Spring St. Apt. 1

City State Zip Code  
Concord NH 03301

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C6060559

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
D. Spriestersbach

Mailing Address 2 Longview Knl NE

City State Zip Code  
Iowa City IA 52240-9148

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6070854

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 218 / 551  
(check only one)  
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 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mae Stadler

Mailing Address 241 E Bellevue Ave

City State Zip Code  
San Mateo CA 94401-2304

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** C6071077

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Stampfl

Mailing Address 2435 Jonila Avenue

City State Zip Code  
Lakeland FL 33803

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

Name of Employer Bartow Public Library Occupation Librarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6089085

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Marc R. Stanley

Mailing Address 7403 Midbury Dr

City State Zip Code  
Dallas TX 75230-3205

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

Name of Employer Stanley Mandel & Iola Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056524

Amount of Each Receipt this Period  
25000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25750.00

**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 219 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Bruce Stark

Mailing Address 3770 Onyx St

City Eugene State OR Zip Code 97405-4332

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 29 / 2009

Transaction ID: C6057936

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mittie S. Staton

Mailing Address 5215 Partridge St.

City Durham State NC Zip Code 27704

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 04 / 28 / 2009

Transaction ID: C6058060

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Stein

Mailing Address 235 Walker St Apt 258

City Lenox State MA Zip Code 01240-2749

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 13 / 2009

Transaction ID: C6061892

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**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 220 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Carleton H. Steins

Mailing Address 339 Sea Oats Trl  
Unit 351

City State Zip Code  
Southrn Shore NC 27949-9003

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6063894

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Vera Stern

Mailing Address 2150 Fort Sanders St

City State Zip Code  
Henderson NV 89052

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6090504

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Frances L. Stewart

Mailing Address 2400 N Bell Ave  
# 41

City State Zip Code  
Denton TX 76209-1913

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6028.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

**Transaction ID:** C6071733

Amount of Each Receipt this Period  
4320.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4670.00**

**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 221 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
John R. Stewart

Mailing Address 480 E St.

City State Zip Code  
Salt Lake City UT 84103

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID: C6083887**

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
John R. Stewart

Mailing Address 480 E St.

City State Zip Code  
Salt Lake City UT 84103

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID: C6083888**

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
John D. Stoner

Mailing Address 106 Hollar Ave

City State Zip Code  
Shippensburg PA 17257-2134

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

Name of Employer Self-Employed Occupation Veterinarian

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2009

**Transaction ID: C6083713**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**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 222 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Charlie Strange

Mailing Address 404 Lowry St

City State Zip Code  
Kerrville TX 78028-5237

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 9

Transaction ID: C6068282

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Sturdevant

Mailing Address 1836 8th Ave.

City State Zip Code  
Sacramento CA 95818

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

Name of Employer Occupation  
State of California Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 527.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056510

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel F Sullivan

Mailing Address 359 Church St

City State Zip Code  
San Francisco CA 94114-1718

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C6069946

Amount of Each Receipt this Period  
500.00

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

1350.00

**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 223 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Emanuel Suter

Mailing Address 250 Pantops Mountain Road, Apt. 30

City State Zip Code  
Charlottesville VA 22911

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt MM / DD / YYYY  
04 / 10 / 2009

**Transaction ID:** C6089525

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Emanuel Suter

Mailing Address 250 Pantops Mountain Road, Apt. 30

City State Zip Code  
Charlottesville VA 22911

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6089526

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Emanuel Suter

Mailing Address 250 Pantops Mountain Road, Apt. 30

City State Zip Code  
Charlottesville VA 22911

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6089527

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

**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 224 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Emanuel Suter

Mailing Address 250 Pantops Mountain Road, Apt. 30

City State Zip Code  
Charlottesville VA 22911

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6089528

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Alice Swan

Mailing Address 5451 Calle Pico

City State Zip Code  
Laguna Woods CA 92637

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6084931

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Darian W. Swig

Mailing Address 377 Marina Blvd

City State Zip Code  
San Francisco CA 94123-1213

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

Name of Employer Self-Employed Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056518

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10150.00

**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  
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FOR LINE NUMBER: PAGE 225 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Babette Taghechian

Mailing Address 11 Clear Springs Ct

City State Zip Code  
Sugar Land TX 77479

FEC ID number of contributing federal political committee. C

Name of Employer Traders International      Occupation Manager

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 27 / 2009

**Transaction ID:** C6089327

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Tanner

Mailing Address 501 E 85th St.

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested      Occupation Information Requested

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2009

**Transaction ID:** C6067675

Amount of Each Receipt this Period 111.00

**C.** Full Name (Last, First, Middle Initial)  
John Taroli

Mailing Address 34522 S Rivals Rd

City State Zip Code  
Wilmington IL 60481-9786

FEC ID number of contributing federal political committee. C

Name of Employer N/A      Occupation Retired

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2009

**Transaction ID:** C6064473

Amount of Each Receipt this Period 230.00

**SUBTOTAL** of Receipts This Page (optional) ..... 441.00

**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 226 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John Taylor  
 Mailing Address 119 Lee Creek Rd.  
 City Fayetteville State TN Zip Code 37334  
 Date of Receipt 04 / 28 / 2009  
 Transaction ID: C6090223  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self-Employed Occupation Landscape Designer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 550.00

**B.** Full Name (Last, First, Middle Initial)  
Robert O. Taylor  
 Mailing Address 1112 Riviera Dr  
 City Norman State OK Zip Code 73072-7611  
 Date of Receipt 04 / 19 / 2009  
 Transaction ID: C6070940  
 Amount of Each Receipt this Period 60.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 240.00

**C.** Full Name (Last, First, Middle Initial)  
Suzanne M. Taylor  
 Mailing Address 1024 Rio Cidade Way  
 City Sacramento State CA Zip Code 95831-4484  
 Date of Receipt 04 / 30 / 2009  
 Transaction ID: C6056429  
 Amount of Each Receipt this Period 2000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2310.00  
**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 227 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mark Thierry

Mailing Address 2305 Shady Cove Ct.

City Pearlland State TX Zip Code 77584

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

Name of Employer Joseph and Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 04 / 29 / 2009

Transaction ID: C6056478

Amount of Each Receipt this Period 30400.00

**B.** Full Name (Last, First, Middle Initial)  
Dean Thomas

Mailing Address 1310 N Meade St Apt 14

City Arlington State VA Zip Code 22209-3708

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

Name of Employer National Beer Wholesalers Association Occupation Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.87

Date of Receipt 04 / 08 / 2009

Transaction ID: C6007334

Amount of Each Receipt this Period 241.87

**C.** Full Name (Last, First, Middle Initial)  
Tina A. Thomas

Mailing Address 2722 Coleman Way

City Sacramento State CA Zip Code 95818

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

Name of Employer Law offices of Tina Thomas Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 27 / 2009

Transaction ID: C6056412

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35641.87

**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 228 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
John N. Thompson

Mailing Address R.R. #1 Box 225C

City State Zip Code  
Wellston OK 74881

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6088649

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Kimberly Thompson

Mailing Address 6400 Christie Ave  
Apt 5220

City State Zip Code  
Emeryville CA 94608-1046

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

Name of Employer Self-Employed Occupation Student Volunteer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6058775

Amount of Each Receipt this Period  
210.00

**C.**

Full Name (Last, First, Middle Initial)  
Vivian N. Thompson

Mailing Address 1701 E 1500 Rd.

City State Zip Code  
Lawrence KS 66044

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

**Transaction ID:** C6066870

Amount of Each Receipt this Period  
130.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **440.00**

**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 229 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Donald Thomson

Mailing Address 941121 Hilihua Pl.

City State Zip Code  
Waipahu HI 96797

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 9

Transaction ID: C6078932

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Tilley

Mailing Address 3065 Vandiver Dr  
R.R. 7

City State Zip Code  
Marietta GA 30066

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: C6063117

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Tilley

Mailing Address 3065 Vandiver Dr  
R.R. 7

City State Zip Code  
Marietta GA 30066

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: C6058998

Amount of Each Receipt this Period

750.00

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

1600.00

**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 230 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Miles Tilly

Mailing Address 2300 East Valley Parkway  
SPC 116

City Escondido State CA Zip Code 92027

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

Name of Employer N/A Occupation Disabled

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 04 / 03 / 2009  
**Transaction ID: C6089381**  
 Amount of Each Receipt this Period: 35.00

**B.** Full Name (Last, First, Middle Initial)  
Terry W. Tilson

Mailing Address 8631 Buena Tierra Pl

City Buena Park State CA Zip Code 90621-1003

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 08 / 2009  
**Transaction ID: C6071361**  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Roy Titterton

Mailing Address 885 Heritage Hills

City Somers State NY Zip Code 10589

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 22 / 2009  
**Transaction ID: C6089174**  
 Amount of Each Receipt this Period: 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2635.00

**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 231 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mary Tjosvold  |                                       | Date of Receipt<br>MM / DD / YYYY<br>04 / 29 / 2009 |
| Mailing Address 1555 118th Ln NW  |                                       | <b>Transaction ID:</b> C6089690                     |
| City<br>Coon Rapids   | State<br>MN                           | Zip Code<br>55448-7579                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                       | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Mary T. Inc.  | Occupation<br>Chief Executive Officer |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00    |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Alex Toledo  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 2907 Barcelona Rd SW  |                                    | <b>Transaction ID:</b> C6057504                     |
| City<br>Albuquerque   | State<br>NM                        | Zip Code<br>87105-5549                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>25.00         |
| Name of Employer<br>Bernalillo Co. Parks & Rec  | Occupation<br>Laborer              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Martha G. Tolles   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 04 / 2009 |
| Mailing Address 860 Oxford Rd   |                                    | <b>Transaction ID:</b> C6091208                     |
| City<br>San Marino  | State<br>CA                        | Zip Code<br>91108-1214                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Self-Employed   | Occupation<br>Author               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>225.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER: PAGE 232 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Tomas M. Torres

Mailing Address 13510 White Oak Landing Blvd

City State Zip Code  
Houston TX 77065-3124

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

Name of Employer Corporate Staffing Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6073818

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
Eligio Rivera Trinidad

Mailing Address 1128 N Heliotrope Dr

City State Zip Code  
Los Angeles CA 90029

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

Name of Employer CSA International Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C6090366

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Marian Trotter

Mailing Address 250 Pantops Mountain Rd  
Apt 13

City State Zip Code  
Charlottesville VA 22911-8600

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6065758

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

**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 233 / 551  
 (check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
William Tschappat

Mailing Address 1301 W Broadway St.

City State Zip Code  
Mt Pleasant MI 48858

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

Name of Employer Occupation  
US Dept of Labor Safety Inspector

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6066117

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Updegraff

Mailing Address P.O. Box 308

City State Zip Code  
Pleasant Hill TN 38578

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6072613

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Laszlo K Urban

Mailing Address 7108 Ridgewood Ave

City State Zip Code  
Chevy Chase MD 20815-5148

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

Name of Employer Occupation  
Catholic University of America Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 9

**Transaction ID:** C6070240

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 234 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Howard Vandervliet

Mailing Address 117 Glendale Rd.

City State Zip Code  
Park Ridge NJ 07656

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6058173

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Rayburn Velk

Mailing Address Hc 30

City State Zip Code  
Havre MT 59501-9801

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

Name of Employer Self-Employed Occupation Farmer/Rancher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6078419

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Jerald L. Venger

Mailing Address 4910 Capitol Ave.

City State Zip Code  
Omaha NE 68132

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

Name of Employer Omaha Temporary Svc Occupation Driver

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6078916

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**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 235 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Hans Von Briesen

Mailing Address 208 Sereno Dr

City State Zip Code  
Santa Fe NM 87501-1536

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 01 / 2009

**Transaction ID:** C6089878

Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Jerome Walker

Mailing Address 343 Hertford Cir

City State Zip Code  
Decatur GA 30030-1031

FEC ID number of contributing federal political committee. C

Name of Employer Neurology & Headache Specialist Occupation Neurologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 29 / 2009

**Transaction ID:** C6060102

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Walter

Mailing Address 1705 Millwright Ct.

City State Zip Code  
Raleigh NC 27614

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 22 / 2009

**Transaction ID:** C6090168

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 370.00

**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 236 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Helen Wardeberg

Mailing Address 5250 Vernon Ave. S Apt. 603

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Minneapolis | MN    | 55436    |

FEC ID number of contributing federal political committee. C

|   |  |
|---|--|
| Name of Employer Information Requested  | Occupation Information Requested   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><span style="border: 1px solid black; padding: 2px;">210.00</span> |

Date of Receipt  
04 / 13 / 2009

**Transaction ID:** C6073129

Amount of Each Receipt this Period  
105.00

**B.** Full Name (Last, First, Middle Initial)  
Todd Warnock

Mailing Address 889 Sheridan Rd.

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Winnetka | IL    | 60093    |

FEC ID number of contributing federal political committee. C

|   |  |
|---|--|
| Name of Employer Information Requested  | Occupation Information Requested   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><span style="border: 1px solid black; padding: 2px;">400.00</span> |

Date of Receipt  
04 / 09 / 2009

**Transaction ID:** C6084205

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Todd Warnock

Mailing Address 889 Sheridan Rd.

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Winnetka | IL    | 60093    |

FEC ID number of contributing federal political committee. C

|   |  |
|---|--|
| Name of Employer Information Requested  | Occupation Information Requested   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><span style="border: 1px solid black; padding: 2px;">400.00</span> |

Date of Receipt  
04 / 24 / 2009

**Transaction ID:** C6084206

Amount of Each Receipt this Period  
100.00

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">305.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>      |

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

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

FOR LINE NUMBER: PAGE 237 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Casey Wasserman

Mailing Address 12100 Olympic Blvd.  
Suite 400

City State Zip Code  
Los Angeles CA 90064

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

Name of Employer Wasserman Media Group, LLC Occupation Chairman & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056488

Amount of Each Receipt this Period  
30400.00

**B.** Full Name (Last, First, Middle Initial)  
Edith Wasserman

Mailing Address 10100 Santa Monica Blvd.  
Ste 1300

City State Zip Code  
Los Angeles CA 90067

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056489

Amount of Each Receipt this Period  
30400.00

**C.** Full Name (Last, First, Middle Initial)  
C. Andrew Waters

Mailing Address 3219 McKinney Ave

City State Zip Code  
Dallas TX 75204-2472

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

Name of Employer Waters & Kraus Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056479

Amount of Each Receipt this Period  
30400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **91200.00**

**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 238 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Louis Watson

Mailing Address 1708 Ferndale Cir

City State Zip Code  
West Sacramento CA 95691-4036

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** C6058983

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Eric Wedel

Mailing Address 1023 Tulane Dr

City State Zip Code  
Mountain View CA 94040-3651

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

Name of Employer Bluearc Occupation Sw Eng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2009

**Transaction ID:** C6089886

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Alex. Weilenmann

Mailing Address 307 S. Dithridge Street, Apt. 509

City State Zip Code  
Pittsburgh PA 15213

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

**Transaction ID:** C6089232

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**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 239 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Jon Weintraub  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 3219 Morrison St NW   |                                    | <b>Transaction ID:</b> C6068976                     |
| City<br>Washington  | State<br>DC                        | Zip Code<br>20015-1636                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>200.00        |
| Name of Employer<br>Self-Employed   | Occupation<br>Consultant           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Carl Weisbrod  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 11551 Forest Central Dr Ste 300   |                                     | <b>Transaction ID:</b> C6056471                     |
| City<br>Dallas  | State<br>TX                         | Zip Code<br>75243-3924                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Morgan & Weisbrod   | Occupation<br>Attorney              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**C.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Les F. Weisbrod  |                                      | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 9900 Preston Rd   |                                      | <b>Transaction ID:</b> C6056469                     |
| City<br>Dallas  | State<br>TX                          | Zip Code<br>75230-5046                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>30400.00      |
| Name of Employer<br>Weisbrod & Weisbrod   | Occupation<br>Attorney               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>30400.00 |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>31600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

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

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

FOR LINE NUMBER: PAGE 240 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert J. Weiss

Mailing Address 10 Cromwell Dr

City State Zip Code  
Orono ME 04473-3639

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6059058

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Fred Weitz

Mailing Address 400 Locust St  
Suite 830

City State Zip Code  
Des Moines IA 50309

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056433

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Stevenson Weitz

Mailing Address 2101 Connecticut Ave. NW Apt. 32

City State Zip Code  
Washington DC 20008

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6066598

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 241 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Nick Weitzel   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 13 / 2009 |
| Mailing Address 4823 Sussex Drive   |                                    | <b>Transaction ID:</b> C6071921                     |
| City<br>San Diego   | State<br>CA                        | Zip Code<br>92116                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>50.00         |
| Name of Employer<br>Scripps Health  | Occupation<br>RN                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Sandy Wendte   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 28 / 2009 |
| Mailing Address 3855 Evergreen Ave.   |                                     | <b>Transaction ID:</b> C6075802                     |
| City<br>Ketchikan   | State<br>AK                         | Zip Code<br>99901                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>111.00        |
| Name of Employer<br>Information Requested   | Occupation<br>Information Requested |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>222.00  |   |

**C.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Eric Karl Wepsic   |                                      | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2009 |
| Mailing Address 255 W 84th St<br>Apt 7C   |                                      | <b>Transaction ID:</b> C6056474                     |
| City<br>New York  | State<br>NY                          | Zip Code<br>10024-4336                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>30400.00      |
| Name of Employer<br>D.E. Shaw & Co.   | Occupation<br>Executive              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>30400.00 |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>30561.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 242 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Eula West  |                                 | Date of Receipt<br>MM / DD / YYYY<br>04 / 21 / 2009 |
| Mailing Address 7 Avenida Vista Grande<br># 234   |                                 | Transaction ID: C6077563                            |
| City<br>Santa Fe  | State Zip Code<br>NM 87508-9198 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>N/A   | Occupation<br>Retired           | Aggregate Year-to-Date ▼<br>250.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**B.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Eula West  |                                 | Date of Receipt<br>MM / DD / YYYY<br>04 / 22 / 2009 |
| Mailing Address 7 Avenida Vista Grande<br># 234   |                                 | Transaction ID: C6077562                            |
| City<br>Santa Fe  | State Zip Code<br>NM 87508-9198 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>50.00         |
| Name of Employer<br>N/A   | Occupation<br>Retired           | Aggregate Year-to-Date ▼<br>250.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**C.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Gloria Westfall  |                                 | Date of Receipt<br>MM / DD / YYYY<br>04 / 20 / 2009 |
| Mailing Address 800 Bell Trace Cir<br>Apt 326   |                                 | Transaction ID: C6071736                            |
| City<br>Bloomington   | State Zip Code<br>IN 47408-4403 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>450.00        |
| Name of Employer<br>N/A   | Occupation<br>Retired           | Aggregate Year-to-Date ▼<br>450.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

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

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

FOR LINE NUMBER: PAGE 243 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
William P. Wewer

Mailing Address 1731 W Medical Center Dr  
Apt. 372

City Anaheim State CA Zip Code 92801-1837

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 8 / 2 0 0 9

**Transaction ID:** C6083007

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
William P. Wewer

Mailing Address 1731 W Medical Center Dr  
Apt. 372

City Anaheim State CA Zip Code 92801-1837

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 9 / 2 0 0 9

**Transaction ID:** C6064362

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Madelin M. Wexler

Mailing Address 1754 N Saint Michaels Ct

City Chicago State IL Zip Code 60614-5616

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 281.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6082773

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 244 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Madelin M. Wexler

Mailing Address 1754 N Saint Michaels Ct

City State Zip Code  
Chicago IL 60614-5616

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 281.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** C6077683

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Booker T. White

Mailing Address 8142 Lurline Ave

City State Zip Code  
Winnetka CA 91306-1731

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

Name of Employer BTW Productions Inc Occupation Musician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** C6091212

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Harrison White

Mailing Address 205 Garrett Rd # A

City State Zip Code  
Windsor NY 13865-1606

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

Name of Employer Bearsch Compéau Knudson Architects & E Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** C6090829

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**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 245 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Harrison White   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 27 / 2009 |
| Mailing Address 205 Garrett Rd<br># A   |                                    | <b>Transaction ID:</b> C6090830                     |
| City Windsor  | State NY                           | Zip Code 13865-1606                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>50.00         |
| Name of Employer<br>Bearsch Compéau Knudson<br>Architects & E   | Occupation<br>Manager              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Nancy G. Whitney   |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 24 / 2009 |
| Mailing Address 26 Night Heron Drive  |                                     | <b>Transaction ID:</b> C6082614                     |
| City Stony Brook  | State NY                            | Zip Code 11790-1108                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>SUNY Stony Brook  | Occupation<br>Professor             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Alonzo B. Wickers  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 09 / 2009 |
| Mailing Address 8766 Lookout Mountain Ave   |                                    | <b>Transaction ID:</b> C6075231                     |
| City Los Angeles  | State CA                           | Zip Code 90046-1859                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Davis Wright Tremaine   | Occupation<br>Attorney             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 246 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Carol Wieckowski Dreyer  
Mailing Address 7030 Grant Ave

City State Zip Code  
Carmichael CA 95608

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

Name of Employer Occupation  
Duncan, Ball & Evans Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056423

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul Wiita  
Mailing Address 139 Random Rd

City State Zip Code  
Princeton NJ 08540-4145

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

Name of Employer Occupation  
Georgia State Univ Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: C6077571

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
J. McDonald Williams  
Mailing Address 4715 Wildwood Rd

City State Zip Code  
Dallas TX 75209-1929

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: C6056457

Amount of Each Receipt this Period  
1000.00

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

2050.00

**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 247 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Lucia M. Williams

Mailing Address 409 S Pine St.

City State Zip Code  
Spartanburg SC 29302

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** C6076411

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Sheila Williams

Mailing Address 3935 Canterbury Dr

City State Zip Code  
Saint Louis MO 63121-2501

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

Name of Employer Information Requested Occupation Information Requested  
Normandy School District Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6077656

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
David P. Willis

Mailing Address 25 Central Park West  
Apt. 14-S

City State Zip Code  
New York NY 10023

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

Name of Employer Information Requested Occupation Information Requested  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6089125

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **425.00**

**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 248 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Janet T. Wilson  
Mailing Address 10695 N Lung Ln  
City State Zip Code  
Syracuse IN 46567-9626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 04 / 23 / 2009  
Transaction ID: C6065666  
Amount of Each Receipt this Period 450.00

**B.** Full Name (Last, First, Middle Initial)  
Nancy Wilson  
Mailing Address 3300 Darby Rd Apt 5203  
City State Zip Code  
Haverford PA 19041-7706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: C6058686  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Roger V. Wilson  
Mailing Address 8622 Oak Level Church Rd  
City State Zip Code  
Stokesdale NC 27357-9229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Farmer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 04 / 07 / 2009  
Transaction ID: C6064478  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00  
**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 249 / 551

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jerene J. Winocour

Mailing Address 2307 Lower Port Caddo Rd

City State Zip Code  
Marshall TX 75672-2231

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 527.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 9

Transaction ID: C6083246

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerene J. Winocour

Mailing Address 2307 Lower Port Caddo Rd

City State Zip Code  
Marshall TX 75672-2231

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

Name of Employer Occupation  
N/A Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 527.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

Transaction ID: C6083247

Amount of Each Receipt this Period  
327.00

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan Wittwer

Mailing Address 1927 Smith Grade

City State Zip Code  
Santa Cruz CA 95060-9758

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

Name of Employer Occupation  
Wittwer & Parkin, LLP Attorney

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

Transaction ID: C6088665

Amount of Each Receipt this Period  
140.00

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

667.00

**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 250 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jonathan Wolff

Mailing Address 531 Fairfield Dr.

City State Zip Code  
Louisville KY 40206

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6078672

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City State Zip Code  
Columbus OH 43215-5236

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
272.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 8 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6083103

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City State Zip Code  
Columbus OH 43215-5236

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
272.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6083100

Amount of Each Receipt this Period  
29.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **294.00**

**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 251 / 551  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Marian J. Woodson  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 10 / 2009 |
| Mailing Address 300 E Rich St<br>Apt 816  |                                    | <b>Transaction ID:</b> C6083101                     |
| City Columbus   | State OH                           | Zip Code 43215-5236                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>25.00         |
| Name of Employer N/A  | Occupation Retired                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>272.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Marian J. Woodson  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 10 / 2009 |
| Mailing Address 300 E Rich St<br>Apt 816  |                                    | <b>Transaction ID:</b> C6083102                     |
| City Columbus   | State OH                           | Zip Code 43215-5236                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>15.00         |
| Name of Employer N/A  | Occupation Retired                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>272.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Marian J. Woodson  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 28 / 2009 |
| Mailing Address 300 E Rich St<br>Apt 816  |                                    | <b>Transaction ID:</b> C6075049                     |
| City Columbus   | State OH                           | Zip Code 43215-5236                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>25.00         |
| Name of Employer N/A  | Occupation Retired                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>272.00 |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 65.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 252 / 551

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City Columbus State OH Zip Code 43215-5236

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2009

**Transaction ID:** C6073494

Amount of Each Receipt this Period 55.00

**B.**

Full Name (Last, First, Middle Initial)  
Marian J. Woodson

Mailing Address 300 E Rich St  
Apt 816

City Columbus State OH Zip Code 43215-5236

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2009

**Transaction ID:** C6073495

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Cecily Young

Mailing Address 4126 Marcasel Ave.

City Los Angeles State CA Zip Code 90066

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Architect

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 30 / 2009

**Transaction ID:** C6084488

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 130.00

**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 253 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Young

Mailing Address 145 Clinton St

City State Zip Code  
Brooklyn NY 11201-4616

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

Name of Employer Self-Employed Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2009

**Transaction ID:** C6089042

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Wei Young

Mailing Address 5978 Greenridge Rd

City State Zip Code  
Castro Valley CA 94552-1818

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

Name of Employer Occupation  
The Youngs Association Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6061981

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Laverne Youngquist

Mailing Address 4003 29th Ave

City State Zip Code  
Rock Island IL 61201-5816

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009

**Transaction ID:** C6070021

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **455.00**

**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 254 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert R. Younkin

Mailing Address 2001 120th Pl. SE Apt. 3101

City State Zip Code  
Everett WA 98208

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** C6086248

Amount of Each Receipt this Period 209.00

**B.** Full Name (Last, First, Middle Initial)  
Martha Ann Yows

Mailing Address 200 Yows Ln

City State Zip Code  
Gatesville TX 76528-3414

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6059545

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Martha Ann Yows

Mailing Address 200 Yows Ln

City State Zip Code  
Gatesville TX 76528-3414

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6070544

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 409.00

**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 255 / 551  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
John J. Yuknavage

Mailing Address 47 Ann St.

City Pottsville State PA Zip Code 17901

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 03 / 2009  
**Transaction ID: C6090257**  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
John J. Yuknavage

Mailing Address 47 Ann St.

City Pottsville State PA Zip Code 00001-7901

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 29 / 2009  
**Transaction ID: C6090258**  
 Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Zoretich

Mailing Address 818 Eagle Pkwy

City Brownsburg State IN Zip Code 46112-9777

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID: C6063359**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

**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 256 / 551  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Barry Zucker

Mailing Address 98 Lookout Rd

City State Zip Code  
Mountain Lakes NJ 07046-1206

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

Name of Employer Occupation  
JB Hanaver Co Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2009

**Transaction ID:** C6059245

Amount of Each Receipt this Period  
220.00

**B.** Full Name (Last, First, Middle Initial)  
Gary True

Mailing Address 1 Timber Bluff Ct.

City State Zip Code  
Glen Carbon IL 62034

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

Name of Employer Occupation  
Hepler Broom Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009

**Transaction ID:** C6065995

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Nancy True

Mailing Address PO Box 1092

City State Zip Code  
Penney Farms FL 32079-1092

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6078190

Amount of Each Receipt this Period  
160.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 580.00

**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 257 / 551

(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input 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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Shakopee Mdewakanton Sioux Community  
Mailing Address 2330 Sioux Trl NW

City State Zip Code  
Prior Lake MN 55372-9077

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: C6007431

Amount of Each Receipt this Period  
15000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mille Lacs Band of Ojibwe  
Mailing Address 43408 Oodena Dr

City State Zip Code  
Onamia MN 56359-2236

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

Transaction ID: C6007433

Amount of Each Receipt this Period  
15000.00

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

30000.00

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

1196020.48

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

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

FOR LINE NUMBER: PAGE 258 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
CA Nurses Assoc./ National Nurses Organizing PAC

Mailing Address 555 Capitol Mall  
Ste 1425

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00360438

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6056396

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Surewest Communications PAC

Mailing Address 455 Capitol Mall, Ste 801

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00372789

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6007347

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Sempra Energy Employees PAC

Mailing Address 101 Ash St  
# HQ15B

City State Zip Code  
San Diego CA 92101-3017

FEC ID number of contributing federal political committee. **C** C00008748

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6007358

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**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 259 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
PG&E Corporation Energy Political Action Committee

Mailing Address 77 Beale Street  
PO Box 770000B29H

City San Francisco State CA Zip Code 94177-0001

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** C6056377

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Power PAC of Edison Electric Institute

Mailing Address 701 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056450

Amount of Each Receipt this Period  
15000.00

**C.** Full Name (Last, First, Middle Initial)  
American Society of Anesthesiologists Inc. PAC (ASAPAC)

Mailing Address 1101 Vermont Avenue, NW  
Sutie 606

City Washignton State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6056395

Amount of Each Receipt this Period  
12500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **32500.00**

**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 260 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
College of American Pathologists PAC

Mailing Address 1350 I Street NW  
Suite 590

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6056365

Amount of Each Receipt this Period  
15000.00

**B.** Full Name (Last, First, Middle Initial)  
Genzyme Corporation PAC

Mailing Address 1850 K Street

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00393736

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056451

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
The Society of Thoracic Surgeons PAC

Mailing Address 1025 Connecticut Ave NW  
Suite 1104

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056430

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 25000.00

**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 261 / 551  
(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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American College of Cardiology

Mailing Address 2400 N Street NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** C6056446  
Amount of Each Receipt this Period: 15000.00

**B.** Full Name (Last, First, Middle Initial)  
Bryan Cave, LLP PAC

Mailing Address 700 13th St NW Ste 500

City Washington State DC Zip Code 20005-3963

FEC ID number of contributing federal political committee. **C** C00332643

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** C6056537  
Amount of Each Receipt this Period: 5000.00

**C.** Full Name (Last, First, Middle Initial)  
American Academy of Family Physicians PAC

Mailing Address 2023 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1011

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID:** C6056378  
Amount of Each Receipt this Period: 15000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35000.00

**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 262 / 551  
(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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American Association of Neurological Surgeons PAC

Mailing Address 5550 Meadowbrook Court

City State Zip Code  
Rolling Meadows IL 60008

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

**Transaction ID:** C6056406

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Foundation Coal PAC

Mailing Address 429 B North Weber Road  
#253

City State Zip Code  
Romeoville IL 60446

FEC ID number of contributing federal political committee. **C** C00348524

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056493

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Society for Vascular Surgery PAC

Mailing Address 633 North Clair Street  
24th Floor

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6056398

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**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 263 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American Association of Clinical Urologists - American Urological Assoc. PAC

Mailing Address 1111 N Plaza Dr  
Ste 550

City State Zip Code  
Schaumburg IL 60173-4946

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056494

Amount of Each Receipt this Period  
10000.00

**B.** Full Name (Last, First, Middle Initial)  
National Thoroughbred Racing Association PAC

Mailing Address 2525 Harrodsburg Road

City State Zip Code  
Lexington KY 40504

FEC ID number of contributing federal political committee. **C** C00360008

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056357

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
National Grid USA PAC

Mailing Address 25 Research Dr

City State Zip Code  
Westborough MA 01582-0001

FEC ID number of contributing federal political committee. **C** C00048702

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056407

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **17500.00**

**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 264 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American Podiatric Medical Association PAC

Mailing Address 9312 Old Georgetown Rd

City State Zip Code  
Bethesda MD 20814-1621

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056363

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc. Political Fund

Mailing Address 900 Breb Rd. East  
MN008-W212

City State Zip Code  
Minnetonka MN 55343

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 8 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056394

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
JOE-PAC Jobs, Opportunities & Education PAC

Mailing Address 84-54 Grand Ave

City State Zip Code  
Elmhurst NY 11373

FEC ID number of contributing federal political committee. **C** C00362384

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Special

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6007432

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
Earmarked for Scott Murphy for Congress

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**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 265 / 551  
(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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Cruise Lines International Association PAC

Mailing Address 2111 Wilson Blvd No. 800

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00432393

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** C6056366

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
American College of Radiology PAC

Mailing Address 1891 Preston White Dr

City State Zip Code  
Reston VA 20191-4375

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6056400

Amount of Each Receipt this Period  
7500.00

**C.**

Full Name (Last, First, Middle Initial)  
American College of Radiology PAC

Mailing Address 1891 Preston White Dr

City State Zip Code  
Reston VA 20191-4375

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C6056401

Amount of Each Receipt this Period  
7500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **17000.00**

**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 266 / 551  
(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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American Psychiatric Association PAC

Mailing Address 1000 Wilson Blvd  
Ste 1825

City State Zip Code  
Arlington VA 22209-3924

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 9

**Transaction ID:** C6056402

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
National Association of Chain Drug Stores PAC

Mailing Address 413 N Lee St

City State Zip Code  
Alexandria VA 22314-2301

FEC ID number of contributing federal political committee. **C** C00022368

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6056397

Amount of Each Receipt this Period  
10000.00

**C.** Full Name (Last, First, Middle Initial)  
American Federation of Teachers Committee on Political Education

Mailing Address 555 New Jersey Ave NW

City State Zip Code  
Washington DC 20001-2029

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Special

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 9

**Transaction ID:** C6007445

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**  
Earmarked for Scott Murphy  
for Congress

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15000.00**

**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 267 / 551  
(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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American Federation of Teachers Committee on Political Education

Mailing Address 555 New Jersey Ave NW

City Washington State DC Zip Code 20001-2029

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) Special

Aggregate Year-to-Date 15000.00

Date of Receipt 04 / 15 / 2009

Transaction ID: C6007444

Amount of Each Receipt this Period 5000.00

**[MEMO ITEM]**  
Earmarked for New York Vi-  
ctory Protection Fund

**B.** Full Name (Last, First, Middle Initial)  
Taking the Hill PAC

Mailing Address 499 S Capitol St SW Ste 404

City Washington State DC Zip Code 20003-4004

FEC ID number of contributing federal political committee. **C** C00448019

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) Special

Aggregate Year-to-Date 0.00

Date of Receipt 04 / 14 / 2009

Transaction ID: C6007442

Amount of Each Receipt this Period 1000.00

**[MEMO ITEM]**  
Earmarked for New York Vi-  
ctory Protection Fund

**C.** Full Name (Last, First, Middle Initial)  
New Democrat Coalition PAC

Mailing Address 607 14th St NW Ste 800

City Washington State DC Zip Code 20005-2005

FEC ID number of contributing federal political committee. **C** C00409730

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) Special

Aggregate Year-to-Date 0.00

Date of Receipt 04 / 13 / 2009

Transaction ID: C6007443

Amount of Each Receipt this Period 5000.00

**[MEMO ITEM]**  
Earmarked for New York Vi-  
ctory Protection Fund

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

**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 268 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Friends of Charlie Wilson

Mailing Address 252 W. Main Street  
P.O. Box 61

City State Zip Code  
Saint Clairsville OH 43950

FEC ID number of contributing federal political committee. **C** C00412015

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6007332

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Majority PAC

Mailing Address 551 Main St.  
Suite 120

City State Zip Code  
Johnstown PA 15901

FEC ID number of contributing federal political committee. **C** C00426023

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6007459

Amount of Each Receipt this Period  
5000.00

|  |   |           |
|--|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 10000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 184000.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 269 / 551  
(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 type="checkbox"/> 15  | <input checked="" type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Citizens for Eleanor Holmes Norton

Mailing Address 2201 Wisconsin Ave NW  
Ste 320

City Washington State DC Zip Code 20007-4105

FEC ID number of contributing federal political committee. **C** C00244335

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 37500.00

Date of Receipt: 04 / 02 / 2009  
**Transaction ID: C6007328**  
Amount of Each Receipt this Period: 18750.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Braley for Congress

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704-0390

FEC ID number of contributing federal political committee. **C** C00409441

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt: 04 / 02 / 2009  
**Transaction ID: C6007325**  
Amount of Each Receipt this Period: 25000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Cleaver for Congress

Mailing Address PO Box 411872

City Kansas City State MO Zip Code 64141-1872

FEC ID number of contributing federal political committee. **C** C00395848

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt: 04 / 02 / 2009  
**Transaction ID: C6007326**  
Amount of Each Receipt this Period: 50000.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **93750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Mike McIntyre for Congress

Mailing Address 3780 Berkley Ln

City State Zip Code  
Lumberton NC 28360-9002

FEC ID number of contributing federal political committee. **C** C00306829

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20455.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 9

**Transaction ID:** C6007331

Amount of Each Receipt this Period  
20455.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Pallone for Congress

Mailing Address P.O. Box 3176

City State Zip Code  
Long Branch NJ 07740-3176

FEC ID number of contributing federal political committee. **C** C00226928

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

**Transaction ID:** C6007329

Amount of Each Receipt this Period  
50000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Inslee for Congress

Mailing Address PO Box 33027

City State Zip Code  
Seattle WA 98133-0027

FEC ID number of contributing federal political committee. **C** C00337436

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36364.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 9

**Transaction ID:** C6007330

Amount of Each Receipt this Period  
9091.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **79546.00**

**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

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Higgins for Congress  
Mailing Address PO Box 28

City State Zip Code  
Buffalo NY 14220-0028

FEC ID number of contributing federal political committee. **C** C00401034

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 9

**Transaction ID:** C6007327

Amount of Each Receipt this Period  
30000.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Friends of Jim Oberstar  
Mailing Address 1017 8th St NE

City State Zip Code  
Washington DC 20002-3620

FEC ID number of contributing federal political committee. **C** C00187419

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6007338

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Friends of Jim Oberstar  
Mailing Address 1017 8th St NE

City State Zip Code  
Washington DC 20002-3620

FEC ID number of contributing federal political committee. **C** C00187419

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** C6007339

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80000.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
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 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Napolitano for Congress

Mailing Address 555 Capitol Mall  
Suite 1425

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00334706

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 9

**Transaction ID:** C6007337

Amount of Each Receipt this Period  
50000.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Committee to Re-Elect Henry Hank Johnson

Mailing Address 6440 Old Hillandale Drive  
Suite 262

City State Zip Code  
Lithonia GA 30058

FEC ID number of contributing federal political committee. **C** C00418293

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6007390

Amount of Each Receipt this Period  
12000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Delahunt for Congress

Mailing Address 500 Victory Rd

City State Zip Code  
Quincy MA 02171-3139

FEC ID number of contributing federal political committee. **C** C00268938

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 6 / 2 0 0 9

**Transaction ID:** C6007438

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **87000.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Boucher for Congress Committee

Mailing Address PO Box 2000

City Abingdon State VA Zip Code 24212-2000

FEC ID number of contributing federal political committee. **C** C00178418

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt: 04 / 16 / 2009  
**Transaction ID:** C6007436  
Amount of Each Receipt this Period: 25000.00  
Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Friends of Jane Harman

Mailing Address 777 S. Figueroa St Suite 4050

City Los Angeles State CA Zip Code 90017

FEC ID number of contributing federal political committee. **C** C00255141

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID:** C6007446  
Amount of Each Receipt this Period: 30000.00  
Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Dutch Roppersberger for Congress

Mailing Address 22 West Padonia Raod Suite 307

City Timonium State MD Zip Code 21093

FEC ID number of contributing federal political committee. **C** C00376673

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 36364.00

Date of Receipt: 04 / 20 / 2009  
**Transaction ID:** C6007447  
Amount of Each Receipt this Period: 9091.00  
Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 64091.00

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Murtha for Congress Committee

Mailing Address 551 Main St  
Ste 120

City State Zip Code  
Johnstown PA 15901-2032

FEC ID number of contributing federal political committee. **C** C00019075

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
7500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6007458

Amount of Each Receipt this Period  
7500.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Danny Davis for Congress

Mailing Address PO Box 51267

City State Zip Code  
Chicago IL 60651-0267

FEC ID number of contributing federal political committee. **C** C00172619

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056355

Amount of Each Receipt this Period  
50000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Kind for Congress Committee

Mailing Address 205 5th Avenue South  
Suite 428

City State Zip Code  
La Crosse WI 54601

FEC ID number of contributing federal political committee. **C** C00312017

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056356

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **82500.00**

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

**SCHEDULE A (FEC Form 3X)  
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 11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Committee To Elect Chris Murphy

Mailing Address PO Box 127

City State Zip Code  
Cheshire CT 06410-0127

FEC ID number of contributing federal political committee. **C** C00411660

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID:** C6056362

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Visclosky for Congress Committee

Mailing Address PO Box 10003

City State Zip Code  
Merrillville IN 46411-0003

FEC ID number of contributing federal political committee. **C** C00166504

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 4 / 2 0 0 9

**Transaction ID:** C6056382

Amount of Each Receipt this Period  
30000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Anna Eshoo for Congress

Mailing Address 555 Capitol Mall Ste 1425

City State Zip Code  
Sacramento CA 95814-4602

FEC ID number of contributing federal political committee. **C** C00258475

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 9

**Transaction ID:** C6056384

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80000.00**

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Costello For Congress Committee

Mailing Address PO Box 8250

City State Zip Code  
Belleville IL 62222-8250

FEC ID number of contributing federal political committee. **C** C00238444

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056389

Amount of Each Receipt this Period  
25000.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Donna Edwards for Congress

Mailing Address P.O. Box 441153

City State Zip Code  
Ft Washington MD 20749

FEC ID number of contributing federal political committee. **C** C00422964

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056408

Amount of Each Receipt this Period  
20000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Pierluisi 2008 Inc.

Mailing Address PMB 232  
1353 Road 19

City State Zip Code  
Guaynabo PR 00966

FEC ID number of contributing federal political committee. **C** C00435636

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
23040.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** C6056409

Amount of Each Receipt this Period  
5995.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **50995.00**

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

**SCHEDULE A (FEC Form 3X)  
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for each category of the  
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 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Susan Davis for Congress

Mailing Address C/O 144 West D Street

City State Zip Code  
Encinitas CA 92024

FEC ID number of contributing federal political committee. **C** C00344671

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
18750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056439

Amount of Each Receipt this Period  
18750.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
Niki Tsongas Committee

Mailing Address PO Box 1454

City State Zip Code  
Lowell MA 01853

FEC ID number of contributing federal political committee. **C** C00433136

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056495

Amount of Each Receipt this Period  
5000.00

Unlimited Transfer from Principal Campaign Cmte.

**C.** Full Name (Last, First, Middle Initial)  
Norm Dicks for Congress

Mailing Address PO Box 1663

City State Zip Code  
Tacoma WA 98401-1663

FEC ID number of contributing federal political committee. **C** C00037606

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45455.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** C6056448

Amount of Each Receipt this Period  
11364.00

Unlimited Transfer from Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **35114.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Friends For Jim McDermott

Mailing Address PO Box 21786

City State Zip Code  
Seattle WA 98111-3786

FEC ID number of contributing federal political committee. **C** C00223073

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** C6056442

Amount of Each Receipt this Period  
10000.00

Unlimited Transfer from Principal Campaign Cmte.

**B.** Full Name (Last, First, Middle Initial)  
American List Counsel, Inc.

Mailing Address P.O. Box 32189

City State Zip Code  
Hartford CT 06150-2189

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 69850.90

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** SA17-862898

Amount of Each Receipt this Period  
6.11

Generic Cmte. List Rental

This payment reflects the usual and normal charge for rental of list(s).

**C.** Full Name (Last, First, Middle Initial)  
American List Counsel, Inc.

Mailing Address P.O. Box 32189

City State Zip Code  
Hartford CT 06150-2189

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 69850.90

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** SA17-862897

Amount of Each Receipt this Period  
4423.24

Generic Cmte. List Rental

This payment reflects the usual and normal charge for rental of list(s).

**SUBTOTAL** of Receipts This Page (optional) ..... ► 14429.35

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
American List Counsel, Inc.  
Mailing Address P.O. Box 32189

City State Zip Code  
Hartford CT 06150-2189

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
69850.90

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9

**Transaction ID:** SA17-862902

Amount of Each Receipt this Period  
7781.06

Generic Cmte. List Rental

This payment reflects the usual and normal charge for rental of list(s).

**B.** Full Name (Last, First, Middle Initial)  
Bank of America, NA  
Mailing Address 730 15th Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
137.55

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** SA17-863323

Amount of Each Receipt this Period  
31.16

Interest

**C.** Full Name (Last, First, Middle Initial)  
American List Counsel, Inc.  
Mailing Address P.O. Box 32189

City State Zip Code  
Hartford CT 06150-2189

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
69850.90

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 9

**Transaction ID:** SA17-863299

Amount of Each Receipt this Period  
358.58

Generic Cmte. List Rental

This payment reflects the usual and normal charge for rental of list(s).

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8170.80**

**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 280 / 551  
(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 type="checkbox"/> | 15  | <input type="checkbox"/> | 16                                  |    |
|                          |     |                          |     |                          |     |                          | <input checked="" 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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
Bank of America, NA

Mailing Address 730 15th Street, NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
137.55

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA17-863322

Amount of Each Receipt this Period  
21.47

Interest

|  |   |           |
|--|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 21.47     |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 675617.62 |



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

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

FOR LINE NUMBER: PAGE 281 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Amanda Kohn  
Mailing Address 7746 Wolford Way  
City Lorton State VA Zip Code 22079  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 103.28  
Date of Receipt 04 / 10 / 2009  
Transaction ID: SA15-862896  
Amount of Each Receipt this Period 86.83  
REIMBURSEMENT Delivery  
This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.** Full Name (Last, First, Middle Initial)  
Amy Salomone  
Mailing Address 2568 University Place, N.W.  
Apt. 2  
City Washington State DC Zip Code 20009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 29.68  
Date of Receipt 04 / 20 / 2009  
Transaction ID: SA15-863041  
Amount of Each Receipt this Period 17.11  
REIMBURSEMENT Travel  
This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**C.** Full Name (Last, First, Middle Initial)  
Pace Butler  
Mailing Address 13915 N. Harvey Avenue  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 629.00  
Date of Receipt 04 / 20 / 2009  
Transaction ID: SA15-863040  
Amount of Each Receipt this Period 310.00  
REIMBURSEMENT Supplies  
This payment reflects the fair market value paid to the committee by a third party vendor.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 413.94  
**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 282 / 551  
(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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Friends of Bennie Thompson

Mailing Address PO Box 100

City State Zip Code  
Bolton MS 39041

FEC ID number of contributing federal political committee. **C** C00279851

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
174.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 9

**Transaction ID:** SA15-863039

Amount of Each Receipt this Period  
174.30

REIMBURSEMENT Postage

This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**B.** Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 30th Street Station

City State Zip Code  
Philadelphia PA 19104

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13916.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** SA15-862903

Amount of Each Receipt this Period  
1911.00

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

**C.** Full Name (Last, First, Middle Initial)  
Kathleen Nee

Mailing Address 407 A Street, NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** SA15-862905

Amount of Each Receipt this Period  
4.98

REIMBURSEMENT Travel

This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2090.28**

**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 283 / 551  
(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 |

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address P.O. Box 53155

City State Zip Code  
Phoenix AZ 85072-3155

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
29758.01

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

**Transaction ID:** SA15-862904

Amount of Each Receipt this Period  
29649.06

REIMBURSEMENT Travel

This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.**

Full Name (Last, First, Middle Initial)  
Beth Barefoot

Mailing Address 815 Maryland Ave NE  
Apt. 205

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.63

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 9

**Transaction ID:** SA15-863139

Amount of Each Receipt this Period  
14.30

REIMBURSEMENT Delivery

This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**C.**

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 30th Street Station

City State Zip Code  
Philadelphia PA 19104

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13916.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** SA15-863298

Amount of Each Receipt this Period  
938.00

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30601.36**

**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 284 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Renee Schaeffer

Mailing Address 110 D Street SE  
Apt. 316

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** SA15-863245  
 Amount of Each Receipt this Period: 300.00  
**REIMBURSEMENT** Supplies  
 This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.** Full Name (Last, First, Middle Initial)  
Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street, Ste 610

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C** C00213512

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1099.89

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** SA15-863193  
 Amount of Each Receipt this Period: 1083.49  
**REIMBURSEMENT** Delivery  
 This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**C.** Full Name (Last, First, Middle Initial)  
Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street, Ste 610

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C** C00213512

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1099.89

Date of Receipt: 04 / 30 / 2009  
**Transaction ID:** SA15-863194  
 Amount of Each Receipt this Period: 16.40  
**REIMBURSEMENT** Delivery  
 This reimbursement reflects the actual cost paid by the committee to a third party vendor.

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1399.89

**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 285 / 551  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Jacqueline M Forte-Mackay  
Mailing Address 7511 Jaffrey Road  
City State Zip Code  
Fort Washington MD 20744  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 15.59  
Date of Receipt: MM / DD / YYYY 04 / 30 / 2009  
Transaction ID: SA15-863244  
Amount of Each Receipt this Period 15.59  
REIMBURSEMENT Delivery  
This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.** Full Name (Last, First, Middle Initial)  
GMMB  
Mailing Address 1010 Wisconsin Ave., NW  
City State Zip Code  
Washington DC 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2224.80  
Date of Receipt: MM / DD / YYYY 04 / 30 / 2009  
Transaction ID: SA15-863302  
Amount of Each Receipt this Period 15.00  
REIMBURSEMENT Cmte. Media Buy  
This reimbursement reflects the actual cost incurred by the committee for this expense.

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 30.59    |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 34536.06 |

**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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Sisk Mailing Service</p> <p>Mailing Address 203 Log Canoe Circle</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement<br/>Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862540</p> <p>Date of Disbursement<br/>04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period<br/>50353.00</p> <p>001<br/>Category/Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863140</p> <p>Date of Disbursement<br/>04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period<br/>6292.44</p> <p>001<br/>Category/Type</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863141</p> <p>Date of Disbursement<br/>04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3482.91</p> <p>001<br/>Category/Type</p>  |

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

60128.35

**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)

PAGE 287 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |  |   |
|---|--|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><hr/> Mailing Address 730 15th Street, NW<br><hr/> City Washington State DC Zip Code 20005<br><hr/> Purpose of Disbursement<br>Generic Cmte. Bank Fees<br>Candidate Name | Transaction ID: SB21B-863300<br>Date of Disbursement<br>04 / 01 / 2009<br><hr/> Amount of Each Disbursement this Period<br>25.00   |  |   |
|   |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|   |  | Category/Type: 001   |   |
|   |  | Disbursement For:  |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><hr/> Mailing Address 730 15th Street, NW<br><hr/> City Washington State DC Zip Code 20005<br><hr/> Purpose of Disbursement<br>Generic Cmte. Bank Fees<br>Candidate Name | Transaction ID: SB21B-863200<br>Date of Disbursement<br>04 / 01 / 2009<br><hr/> Amount of Each Disbursement this Period<br>6931.75 |  |   |
|   |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|   |  | Category/Type: 001   |   |
|   |  | Disbursement For:  |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><hr/> Mailing Address 730 15th Street, NW<br><hr/> City Washington State DC Zip Code 20005<br><hr/> Purpose of Disbursement<br>Generic Cmte. Bank Fees<br>Candidate Name | Transaction ID: SB21B-863203<br>Date of Disbursement<br>04 / 01 / 2009<br><hr/> Amount of Each Disbursement this Period<br>5.00    |  |   |
|   |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|   |  | Category/Type: 001   |   |
|   |  | Disbursement For:  |   |

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

6961.75

**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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863303</p> <p>Date of Disbursement<br/>04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period<br/>25.00</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863304</p> <p>Date of Disbursement<br/>04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period<br/>37.45</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Stockton, Inc.</p> <p>Mailing Address 7940 Cessna Avenue</p> <p>City Gaithersburg State MD Zip Code 20879</p> <p>Purpose of Disbursement<br/>Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862541</p> <p>Date of Disbursement<br/>04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period<br/>18.63</p> <p>001<br/>Category/<br/>Type</p> |

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

**81.08**

**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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Print Mail Communications</p> <p>Mailing Address 7201 Lockport Place</p> <p>City Lorton State VA Zip Code 22079</p> <p>Purpose of Disbursement<br/>Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862542</p> <p>Date of Disbursement<br/>04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1882.34</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863142</p> <p>Date of Disbursement<br/>04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period<br/>264.96</p> <p>001<br/>Category/<br/>Type</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863143</p> <p>Date of Disbursement<br/>04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period<br/>272.66</p> <p>001<br/>Category/<br/>Type</p>  |

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

2419.96

**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 Congressional Campaign Committee

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><br>Mailing Address 730 15th Street, NW<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement<br>Generic Cmte. Bank Fees<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB21B-863144<br>Date of Disbursement<br>04 / 02 / 2009<br><br>Amount of Each Disbursement this Period<br>1486.30<br><br>001<br>Category/<br>Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><br>Mailing Address 730 15th Street, NW<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement<br>Generic Cmte. Bank Fees<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB21B-863145<br>Date of Disbursement<br>04 / 02 / 2009<br><br>Amount of Each Disbursement this Period<br>58.19<br><br>001<br>Category/<br>Type   |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><br>Mailing Address 730 15th Street, NW<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement<br>Generic Cmte. Bank Fees<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB21B-863301<br>Date of Disbursement<br>04 / 02 / 2009<br><br>Amount of Each Disbursement this Period<br>20.00<br><br>001<br>Category/<br>Type   |

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

1564.49

**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 Congressional Campaign Committee

|    |  |  |   |
|----|--|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Pacific Parking Services, Inc.<br><br>Mailing Address 2404 Plyers Mill Road<br><br>City Silver Spring State MD Zip Code 20902<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: SB21B-862543<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>285.00   |
| B. | Full Name (Last, First, Middle Initial)<br>San Domenico Events<br><br>Mailing Address 19 East 26th Street<br><br>City New York State NY Zip Code 10010<br><br>Purpose of Disbursement Generic Cmte. Events/Meetings<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862544<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>15673.93 |
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><br>Mailing Address 730 15th Street, NW<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement Generic Cmte. Bank Fees<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB21B-863201<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>40.50    |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 15999.43    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# 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 Congressional Campaign Committee

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><br>Mailing Address 730 15th Street, NW<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement<br>Generic Cmte. Bank Fees<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | <b>Transaction ID:</b> SB21B-863305<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 2 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>20.00<br><br>001<br>Category/<br>Type    |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Print Mail Communications<br><br>Mailing Address 7201 Lockport Place<br><br>City Lorton State VA Zip Code 22079<br><br>Purpose of Disbursement<br>Generic Cmte. Postage/Delivery<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-862569<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>23220.00<br><br>001<br>Category/<br>Type |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><br>Mailing Address 730 15th Street, NW<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement<br>Generic Cmte. Bank Fees<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | <b>Transaction ID:</b> SB21B-863246<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>2003.09<br><br>001<br>Category/<br>Type  |

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

**25243.09**

**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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Jessica Aune</p> <p>Mailing Address 138A North Carolina Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</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-862547</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="38.28"/></p> <p>Category/Type: <input type="text" value="002"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Quick Messenger Service of DC, Inc.</p> <p>Mailing Address 4829 Fairmont Avenue Suite B</p> <p>City Bethesda State MD Zip Code 20814-6096</p> <p>Purpose of Disbursement Generic Cmte. Delivery 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-862556</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="62.14"/></p> <p>Category/Type: <input type="text"/></p>             |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Staples Business Advantages</p> <p>Mailing Address Dept DC PO Box 415256</p> <p>City Boston State MA Zip Code 02241</p> <p>Purpose of Disbursement Generic Cmte. Supplies</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-862557</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.61"/></p> <p>Category/Type: <input type="text"/></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)

PAGE 294 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Staples Business Advantages<br><br>Mailing Address Dept DC<br>PO Box 415256<br><br>City Boston State MA Zip Code 02241<br><br>Purpose of Disbursement<br>Generic Cmte. Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | <b>Transaction ID:</b> SB21B-862558<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>482.71  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Staples Business Advantages<br><br>Mailing Address Dept DC<br>PO Box 415256<br><br>City Boston State MA Zip Code 02241<br><br>Purpose of Disbursement<br>Generic Cmte. Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | <b>Transaction ID:</b> SB21B-862559<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>1329.14 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Alex Van Wagner<br><br>Mailing Address 1339 Perry Place NW<br><br>City Washington State DC Zip Code 20010<br><br>Purpose of Disbursement<br>Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District:                              | <b>Transaction ID:</b> SB21B-862561<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 0 3 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>61.00   |

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

1872.85

**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 Congressional Campaign Committee

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Louisa Whitney<br><hr/> Mailing Address 1701 16th St., NW<br>Apt. 721<br><hr/> City Washington State DC Zip Code 20009<br><hr/> Purpose of Disbursement<br>Telephones<br>Candidate Name<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div><br>Category/<br>Type<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-862562<br><b>Date of Disbursement</b><br><div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y<br/>                     0 4 / 0 3 / 2 0 0 9                 </div><br><hr/> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">50.00</div>  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Louisa Whitney<br><hr/> Mailing Address 1701 16th St., NW<br>Apt. 721<br><hr/> City Washington State DC Zip Code 20009<br><hr/> Purpose of Disbursement<br>Telephones<br>Candidate Name<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div><br>Category/<br>Type<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-862563<br><b>Date of Disbursement</b><br><div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y<br/>                     0 4 / 0 3 / 2 0 0 9                 </div><br><hr/> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">50.00</div>  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Louisa Whitney<br><hr/> Mailing Address 1701 16th St., NW<br>Apt. 721<br><hr/> City Washington State DC Zip Code 20009<br><hr/> Purpose of Disbursement<br>Travel<br>Candidate Name<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div><br>Category/<br>Type<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | <b>Transaction ID:</b> SB21B-862564<br><b>Date of Disbursement</b><br><div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y<br/>                     0 4 / 0 3 / 2 0 0 9                 </div><br><hr/> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">280.11</div> |

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <div style="border: 1px solid black; padding: 5px; display: inline-block;">380.11</div> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>      |

**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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Louisa Whitney</p> <p>Mailing Address 1701 16th St., NW<br/>Apt. 721</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862565<br/><b>Date of Disbursement</b><br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>41.15</p> <p>Category/Type: 002</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Terri New</p> <p>Mailing Address 11740 San Vicente Blvd<br/>Suite 204</p> <p>City Los Angeles State CA Zip Code 90049</p> <p>Purpose of Disbursement Generic Cmte. Fundraising Svcs<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862548<br/><b>Date of Disbursement</b><br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>8000.00</p> <p>Category/Type:</p>   |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Diana Fassbender</p> <p>Mailing Address 1629 Columbia Rd NW<br/>Apt 630</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Telephones<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862549<br/><b>Date of Disbursement</b><br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>80.00</p> <p>Category/Type: 001</p> |

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

8121.15

**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)

PAGE 297 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Federal Express</p> <p>Mailing Address PO Box 371461</p> <p>City Pittsburgh State PA Zip Code 15250-7461</p> <p>Purpose of Disbursement<br/>Generic Cmte. Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862550<br/><b>Date of Disbursement</b><br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>39.87</p> <p>Category/Type</p>         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Melissa Kurek</p> <p>Mailing Address 1741 U St NW Apt 1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement<br/>Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862551<br/><b>Date of Disbursement</b><br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>51.00</p> <p>Category/Type<br/>002</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Nicole Landset</p> <p>Mailing Address 1826 15th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement<br/>Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862552<br/><b>Date of Disbursement</b><br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>117.57</p> <p>Category/Type</p>        |

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

208.44

**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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Kevin McKeon<br><br>Mailing Address 408 15th St., SE<br>Unit B<br><br>City Washington State DC Zip Code 20003<br><br>Purpose of Disbursement<br>Generic Cmte. Research Materials<br><br>Candidate Name <span style="float: right;">Category/<br/>Type</span><br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>State: District: | Transaction ID: SB21B-862553<br>Date of Disbursement<br>04 / 03 / 2009<br><br>Amount of Each Disbursement this Period<br>78.25   |
| B. | Full Name (Last, First, Middle Initial)<br>Elyse Pollick<br><br>Mailing Address 171 Coventry Road<br><br>City Dallastown State PA Zip Code 17313<br><br>Purpose of Disbursement<br>Travel<br><br>Candidate Name <span style="float: right;">002<br/>Category/<br/>Type</span><br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>State: District:                           | Transaction ID: SB21B-862554<br>Date of Disbursement<br>04 / 03 / 2009<br><br>Amount of Each Disbursement this Period<br>25.50   |
| C. | Full Name (Last, First, Middle Initial)<br>Lisa Presta<br><br>Mailing Address 2337 16th Ave.<br><br>City San Francisco State CA Zip Code 94116<br><br>Purpose of Disbursement<br>Generic Cmte. Fundraising Svcs<br><br>Candidate Name <span style="float: right;">Category/<br/>Type</span><br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br><br>State: District:             | Transaction ID: SB21B-862555<br>Date of Disbursement<br>04 / 03 / 2009<br><br>Amount of Each Disbursement this Period<br>8000.00 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 8103.75     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

**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 299 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Christian Taylor  | Transaction ID: SB21B-862570<br>Date of Disbursement<br>04 / 03 / 2009  |
|    | Mailing Address 4556 Texas Avenue, SE  | Amount of Each Disbursement this Period<br>120.00   |
|    | City Washington State DC Zip Code 20019  |   |
|    | Purpose of Disbursement Travel<br>Candidate Name   | 002<br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>GMMB  | Transaction ID: SB21B-862567<br>Date of Disbursement<br>04 / 03 / 2009  |
|    | Mailing Address 1010 Wisconsin Ave., NW  | Amount of Each Disbursement this Period<br>14975.00   |
|    | City Washington State DC Zip Code 20007  |   |
|    | Purpose of Disbursement Generic Cmte. Media Buys<br>Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Automatic Data Processing   | Transaction ID: SB21B-862778<br>Date of Disbursement<br>04 / 03 / 2009  |
|    | Mailing Address 11411 Red Run Blvd.  | Amount of Each Disbursement this Period<br>268.81   |
|    | City Owings Mills State MD Zip Code 21117  |   |
|    | Purpose of Disbursement Computer Services<br>Candidate Name  | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

15363.81

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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863146</p> <p>Date of Disbursement<br/>04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1461.71</p> <p>001<br/>Category/Type</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863147</p> <p>Date of Disbursement<br/>04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>468.46</p> <p>001<br/>Category/Type</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863148</p> <p>Date of Disbursement<br/>04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>266.96</p> <p>001<br/>Category/Type</p>  |

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

2197.13

**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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863202</p> <p>Date of Disbursement<br/>04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>12647.66</p> <p>001<br/>Category/Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>United States Postal Service</p> <p>Mailing Address 900 Brentwood Road, NE</p> <p>City Washington State DC Zip Code 20066</p> <p>Purpose of Disbursement<br/>Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862578</p> <p>Date of Disbursement<br/>04 / 07 / 2009</p> <p>Amount of Each Disbursement this Period<br/>745.00</p> <p>001<br/>Category/Type</p>   |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Big Eye Direct</p> <p>Mailing Address Attn: Mike Calder<br/>13864 Redskin Drive</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement<br/>Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862579</p> <p>Date of Disbursement<br/>04 / 07 / 2009</p> <p>Amount of Each Disbursement this Period<br/>26210.47</p> <p>001<br/>Category/Type</p> |

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

**39603.13**

**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 Congressional Campaign Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>American List Counsel, Inc.<br><hr/> Mailing Address P.O. Box 32189<br><hr/> City Hartford State CT Zip Code 06150-2189<br><hr/> Purpose of Disbursement<br>Generic Cmte. List Exchange<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862580<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 8 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>68.06   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>American List Counsel, Inc.<br><hr/> Mailing Address P.O. Box 32189<br><hr/> City Hartford State CT Zip Code 06150-2189<br><hr/> Purpose of Disbursement<br>Generic Cmte. List Exchange<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862581<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 8 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>60.06   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>American List Counsel, Inc.<br><hr/> Mailing Address P.O. Box 32189<br><hr/> City Hartford State CT Zip Code 06150-2189<br><hr/> Purpose of Disbursement<br>Generic Cmte. List Exchange<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862582<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 8 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>894.29  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1022.41</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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>American List Counsel, Inc.   | Transaction ID: SB21B-862583<br>Date of Disbursement   |
|    | Mailing Address P.O. Box 32189   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>                          |
|    | City Hartford State CT Zip Code 06150-2189   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Generic Cmte. List Exchange   | <input type="text" value="310.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>The Production Advantage Inc.   | Transaction ID: SB21B-862607<br>Date of Disbursement   |
|    | Mailing Address 14120 Sullyfield Cir., Suite C   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>                          |
|    | City Chantilly State VA Zip Code 20151   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Generic Cmte. Printing  | <input type="text" value="26321.49"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>The Production Advantage Inc.   | Transaction ID: SB21B-862608<br>Date of Disbursement   |
|    | Mailing Address 14120 Sullyfield Cir., Suite C   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>                          |
|    | City Chantilly State VA Zip Code 20151   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Generic Cmte. Printing  | <input type="text" value="3939.30"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

**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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Data Direct, Inc.   | Transaction ID: SB21B-862609<br>Date of Disbursement<br>04 / 08 / 2009 |
|    | Mailing Address 181 Potomac Street<br>PO Box 855   | Amount of Each Disbursement this Period<br>2825.00                     |
|    | City Harpers State WV Zip Code 25425   |  |
|    | Purpose of Disbursement Computer Services  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Deliveries Plus, Inc.   | Transaction ID: SB21B-862610<br>Date of Disbursement<br>04 / 08 / 2009 |
|    | Mailing Address PO Box 45013   | Amount of Each Disbursement this Period<br>56.36                       |
|    | City Somerville State MA Zip Code 02145  |  |
|    | Purpose of Disbursement Generic Cmte. Delivery Expense   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Deliveries Plus, Inc.   | Transaction ID: SB21B-862611<br>Date of Disbursement<br>04 / 08 / 2009 |
|    | Mailing Address PO Box 45013   | Amount of Each Disbursement this Period<br>56.36                       |
|    | City Somerville State MA Zip Code 02145  |  |
|    | Purpose of Disbursement Generic Cmte. Delivery Expense   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

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

2937.72

**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 Congressional Campaign Committee

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Deliveries Plus, Inc.   | Transaction ID: SB21B-862612<br>Date of Disbursement  |
|    | Mailing Address PO Box 45013   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>                             |
|    | City Somerville State MA Zip Code 02145  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>Generic Cmte. Delivery Expense  | <input type="text" value="56.36"/>  |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Deliveries Plus, Inc.   | Transaction ID: SB21B-862613<br>Date of Disbursement  |
|    | Mailing Address PO Box 45013   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>                             |
|    | City Somerville State MA Zip Code 02145  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>Generic Cmte. Delivery Expense  | <input type="text" value="56.36"/>  |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Samantha Gross  | Transaction ID: SB21B-862584<br>Date of Disbursement  |
|    | Mailing Address 10605 Concord Street<br>Suite 202  | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>                             |
|    | City Kensington State MD Zip Code 20895  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>Generic Cmte. Fundraising Svcs  | <input type="text" value="7500.00"/>  |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Samantha Gross</p> <p>Mailing Address 10605 Concord Street<br/>Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement<br/>Generic Cmte. Fundraising Svcs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB21B-862585</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>7500.00</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>4C Partners, LLC</p> <p>Mailing Address 1415 Rhode Island Ave., NW<br/>#316</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-862586</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>20000.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Drew Altizer</p> <p>Mailing Address 1949 Green Street #2</p> <p>City San Francisco State CA Zip Code 94123</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                        | <p><b>Transaction ID:</b> SB21B-862587</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>600.00</p>   |

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

**28100.00**

**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)

PAGE 307 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |   |  |  |
|-----------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>AVF Consulting, Inc.<br><br>Mailing Address 1220-C Joppa Road<br>Suite 514<br><br>City Baltimore State MD Zip Code 21286<br><br>Purpose of Disbursement<br>Computer Services<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | <b>Transaction ID:</b> SB21B-862588<br>Date of Disbursement<br>04 / 08 / 2009<br><br>Amount of Each Disbursement this Period<br>90.00<br><br>Category/<br>Type           |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>The Benenson Strategy Group<br><br>Mailing Address 14 East 60th Street<br>Suite 1002<br><br>City New York State NY Zip Code 10022<br><br>Purpose of Disbursement<br>Generic Cmte. Polling<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-862589<br>Date of Disbursement<br>04 / 08 / 2009<br><br>Amount of Each Disbursement this Period<br>11500.00<br><br>005<br>Category/<br>Type |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Government News Network GovNet<br><br>Mailing Address P.O. Box 2041<br><br>City Trenton State NJ Zip Code 08607<br><br>Purpose of Disbursement<br>Generic Cmte. Publications<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | <b>Transaction ID:</b> SB21B-862590<br>Date of Disbursement<br>04 / 08 / 2009<br><br>Amount of Each Disbursement this Period<br>125.00<br><br>Category/<br>Type          |  |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>11715.00</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)

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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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Joshua Roberts Photography, LLC

Mailing Address 1217 F Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862591  
Date of Disbursement

04 / 08 / 2009

Amount of Each Disbursement this Period

600.00

**B.** Full Name (Last, First, Middle Initial)  
Macke Water Systems, Inc.

Mailing Address P.O. Box 545

City Wheeling State IL Zip Code 60090

Purpose of Disbursement  
Equipment Rental/Maintenance

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862594  
Date of Disbursement

04 / 08 / 2009

Amount of Each Disbursement this Period

126.90

**C.** Full Name (Last, First, Middle Initial)  
Verizon Business

Mailing Address 500 Technology Drive

City Weldon Springs State MO Zip Code 63304

Purpose of Disbursement  
Telephones

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862595  
Date of Disbursement

04 / 08 / 2009

Amount of Each Disbursement this Period

5757.60

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

6484.50

**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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>NCEC Services, Inc.</p> <p>Mailing Address 122 C Street, NW<br/>Suite 650</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862596</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>15000.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Pitney Bowes Global Financial Services LLC</p> <p>Mailing Address PO Box 856460</p> <p>City Louisville State KY Zip Code 40285</p> <p>Purpose of Disbursement<br/>Equipment Rental/Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862597</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4227.77</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Roll Call, Inc.</p> <p>Mailing Address 50 F Street, NW<br/>7th Floor</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Subscriptions</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862598</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2687.11</p>  |

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

21914.88

**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 Congressional Campaign Committee

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>Key Equipment Finance   | Transaction ID: SB21B-862614<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address: Payment Processing<br>P.O. Box 74713  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 0 | 8 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 4  |  | 0      | 8 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City: Cleveland State: OH Zip Code: 44194  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement: Equipment Rental/Maintenance<br>Candidate Name  | <table border="1"><tr><td>797.36</td></tr></table>   | 797.36 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 797.36 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        |  | Category/Type: <table border="1"><tr><td>001</td></tr></table>   | 001    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001    |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>Key Equipment Finance   | Transaction ID: SB21B-862615<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address: Payment Processing<br>P.O. Box 74713  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 0 | 8 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 4  |  | 0      | 8 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City: Cleveland State: OH Zip Code: 44194  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement: Equipment Rental/Maintenance<br>Candidate Name  | <table border="1"><tr><td>394.13</td></tr></table>   | 394.13 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 394.13 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        |  | Category/Type: <table border="1"><tr><td>001</td></tr></table>   | 001    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001    |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>Jason O'Malley  | Transaction ID: SB21B-862616<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address: 7 Conestoga Road  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 0 | 8 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 4  |  | 0       | 8 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City: Lancaster State: PA Zip Code: 17603  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement: Generic Cmte. Fundraising Svcs<br>Candidate Name  | <table border="1"><tr><td>3000.00</td></tr></table>  | 3000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3000.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         |  | Category/Type: <table border="1"><tr><td></td></tr></table>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>4191.49</td></tr></table> | 4191.49 |
| 4191.49  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

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

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

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>McMahon, Squier, Lapp and Associates</p> <p>Mailing Address 300 N. Lee Street<br/>Suite 500</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>Generic Cmte. Media Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862617</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>11892.06</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AT &amp; T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement<br/>Telephones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862735</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2656.61</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>The Tony Bennett 1994 Family Trust</p> <p>Mailing Address Tony Bennett<br/>48 West 10th Street, Suite B</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862734</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 09 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2734.37</p>  |

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

17283.04

**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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Anne G Getty</p> <p>Mailing Address 2880 Broadway</p> <p>City San Francisco State CA Zip Code 94115</p> <p>Purpose of Disbursement<br/>Offset For In-Kind Events</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862900</p> <p>Date of Disbursement<br/>04 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>14289.57</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Gordon Getty</p> <p>Mailing Address 2880 Broadway</p> <p>City San Francisco State CA Zip Code 94115</p> <p>Purpose of Disbursement<br/>Offset For In-Kind Events</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862899</p> <p>Date of Disbursement<br/>04 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>14289.57</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863199</p> <p>Date of Disbursement<br/>04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4286.04</p>  |

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

**32865.18**

**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 Congressional Campaign Committee

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><br>Mailing Address 730 15th Street, NW<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement<br>Generic Cmte. Bank Fees<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                       | Transaction ID: SB21B-863306<br>Date of Disbursement<br>04 / 15 / 2009<br><br>Amount of Each Disbursement this Period<br>20.56<br><br>Category/Type<br>001  |
| B. | Full Name (Last, First, Middle Initial)<br>DirectAdvantage Marketing<br><br>Mailing Address The Outreach Center<br>PO Box 55043<br><br>City Boston State MA Zip Code 02205<br><br>Purpose of Disbursement<br>Generic Cmte. Telemarketing<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862773<br>Date of Disbursement<br>04 / 17 / 2009<br><br>Amount of Each Disbursement this Period<br>5571.35<br><br>Category/Type       |
| C. | Full Name (Last, First, Middle Initial)<br>Google, Inc.<br><br>Mailing Address Dept. 33654<br>PO Box 39000<br><br>City San Francisco State CA Zip Code 94139<br><br>Purpose of Disbursement<br>Generic Cmte. Advertising<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | Transaction ID: SB21B-862774<br>Date of Disbursement<br>04 / 17 / 2009<br><br>Amount of Each Disbursement this Period<br>224.27<br><br>Category/Type<br>004 |

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|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>5816.18</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box]    |

# 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 316 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862775<br/><b>Date of Disbursement</b><br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>58055.26</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862776<br/><b>Date of Disbursement</b><br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1047.50</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Telefund, Inc.</p> <p>Mailing Address Attention: Nicole Lane<br/>P.O. Box 2366</p> <p>City Denver State CO Zip Code 80201-2366</p> <p>Purpose of Disbursement<br/>Generic Cmte. Telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862777<br/><b>Date of Disbursement</b><br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>16900.80</p> |

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

76003.56

**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)

PAGE 317 / 551

|   |                              |                              |                              |                             |                              |
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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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Aramark Refreshment Services</p> <p>Mailing Address 8240 Stayton Drive<br/>Suite N</p> <p>City Jessup State MD Zip Code 20794</p> <p>Purpose of Disbursement<br/>Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-862744</p> <p>Date of Disbursement<br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>600.34</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Aramark Refreshment Services</p> <p>Mailing Address 8240 Stayton Drive<br/>Suite N</p> <p>City Jessup State MD Zip Code 20794</p> <p>Purpose of Disbursement<br/>Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-862745</p> <p>Date of Disbursement<br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>693.88</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Aramark Refreshment Services</p> <p>Mailing Address 8240 Stayton Drive<br/>Suite N</p> <p>City Jessup State MD Zip Code 20794</p> <p>Purpose of Disbursement<br/>Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-862746</p> <p>Date of Disbursement<br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>781.05</p> |

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

2075.27

**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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Earl L. Ashton</p> <p>Mailing Address 6924 9th Street NW</p> <p>City Washington State DC Zip Code 20012</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862747<br/><b>Date of Disbursement</b><br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>59.00</p> <p>002<br/>Category/<br/>Type</p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Terri New</p> <p>Mailing Address 11740 San Vicente Blvd Suite 204</p> <p>City Los Angeles State CA Zip Code 90049</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862748<br/><b>Date of Disbursement</b><br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1021.14</p> <p>Category/<br/>Type</p>         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Carey International, Inc.</p> <p>Mailing Address Billing Department P.O. Box 631414</p> <p>City Baltimore State MD Zip Code 21263-1414</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862749<br/><b>Date of Disbursement</b><br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1081.56</p> <p>002<br/>Category/<br/>Type</p> |

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

2161.70

**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 Congressional Campaign Committee

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Riely Clough  | Transaction ID: SB21B-862750<br>Date of Disbursement<br>04 / 17 / 2009  |
|    | Mailing Address 140 St. Marks Avenue #2  | Amount of Each Disbursement this Period<br>400.00   |
|    | City Brooklyn State NY Zip Code 11217  |   |
|    | Purpose of Disbursement<br>Generic Cmte. Events/Meetings   |   |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Coast to Coast  | Transaction ID: SB21B-862751<br>Date of Disbursement<br>04 / 17 / 2009  |
|    | Mailing Address 4277 Valley Fair Street  | Amount of Each Disbursement this Period<br>419.68   |
|    | City Simi Valley State CA Zip Code 93063   |   |
|    | Purpose of Disbursement<br>Generic Cmte. Supplies  |   |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Coast to Coast  | Transaction ID: SB21B-862752<br>Date of Disbursement<br>04 / 17 / 2009  |
|    | Mailing Address 4277 Valley Fair Street  | Amount of Each Disbursement this Period<br>358.00   |
|    | City Simi Valley State CA Zip Code 93063   |   |
|    | Purpose of Disbursement<br>Generic Cmte. Supplies  |   |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

1177.68

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 320 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|                   |  |   |       |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------------------|--|---|-------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.                | Full Name (Last, First, Middle Initial)<br>Lauren Dikis  | Transaction ID: SB21B-862753<br>Date of Disbursement  |       |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Mailing Address 3602 1/2 13th Street, NW   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M     | M                 | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 7 |  | 2 | 0 | 0 |
| M                 | M  | /   | D     | D                 | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0                 | 4  |   | 1     | 7                 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | City Washington State DC Zip Code 20010  | Amount of Each Disbursement this Period   |       |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Purpose of Disbursement<br>Telephones  | <table border="1"> <tr> <td>79.98</td> </tr> </table>   | 79.98 |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 79.98             |  |   |       |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/<br/>Type</td> </tr> </table>  | 001   | Category/<br>Type |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001               |  |   |       |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| Category/<br>Type |  |   |       |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |       |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|                   |  |   |          |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------------------|--|---|----------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.                | Full Name (Last, First, Middle Initial)<br>Democratic Properties Corporation   | Transaction ID: SB21B-862754<br>Date of Disbursement  |          |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Mailing Address Operating Account<br>430 South Capitol Street, SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M        | M                 | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 7 |  | 2 | 0 | 0 |
| M                 | M  | /   | D        | D                 | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0                 | 4  |   | 1        | 7                 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | City Washington State DC Zip Code 20003  | Amount of Each Disbursement this Period   |          |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Purpose of Disbursement<br>Generic Cmte. Rent/Occupancy  | <table border="1"> <tr> <td>59900.00</td> </tr> </table>  | 59900.00 |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 59900.00          |  |   |          |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Candidate Name   | <table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/<br/>Type</td> </tr> </table>  | 001      | Category/<br>Type |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001               |  |   |          |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| Category/<br>Type |  |   |          |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |          |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|                   |  |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------------------|--|---|---------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.                | Full Name (Last, First, Middle Initial)<br>Democratic Properties Corporation   | Transaction ID: SB21B-862755<br>Date of Disbursement  |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Mailing Address Leasehold Account<br>430 South Capitol Street, SE  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M       | M                 | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 1 | 7 |  | 2 | 0 | 0 |
| M                 | M  | /   | D       | D                 | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0                 | 4  |   | 1       | 7                 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | City Washington State DC Zip Code 20003  | Amount of Each Disbursement this Period   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Purpose of Disbursement<br>Leasehold Improvements  | <table border="1"> <tr> <td>4218.00</td> </tr> </table>   | 4218.00 |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 4218.00           |  |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Candidate Name   | <table border="1"> <tr> <td> </td> </tr> <tr> <td>Category/<br/>Type</td> </tr> </table>  |         | Category/<br>Type |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   |  |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| Category/<br>Type |  |   |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|                   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |         |                   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"> <tr> <td>64197.98</td> </tr> </table> | 64197.98 |
| 64197.98   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"> <tr> <td> </td> </tr> </table>        |          |
|  |  |          |



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

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

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Amanda Ehrman   | Transaction ID: SB21B-862756<br>Date of Disbursement<br>04 / 17 / 2009  |
|    | Mailing Address 11740 San Vincent Blvd.<br>Suite 204   | Amount of Each Disbursement this Period<br>75.07  |
|    | City Los Angeles State CA Zip Code 90049   |   |
|    | Purpose of Disbursement Travel<br>Candidate Name   | 002<br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Amanda Ehrman   | Transaction ID: SB21B-862757<br>Date of Disbursement<br>04 / 17 / 2009  |
|    | Mailing Address 11740 San Vincent Blvd.<br>Suite 204   | Amount of Each Disbursement this Period<br>72.48  |
|    | City Los Angeles State CA Zip Code 90049   |   |
|    | Purpose of Disbursement Travel<br>Candidate Name   | 002<br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Fitzsimmons, Tom  | Transaction ID: SB21B-862758<br>Date of Disbursement<br>04 / 17 / 2009  |
|    | Mailing Address 30 Normandy Avenue #403  | Amount of Each Disbursement this Period<br>350.00   |
|    | City Sommerville State MA Zip Code 02138   |   |
|    | Purpose of Disbursement Generic Cmte. Events/Meetings<br>Candidate Name  | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>497.55</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 Congressional Campaign Committee

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Gordon's Fine Wines and Liquor<br><br>Mailing Address PO Box 310<br><br>City Waltham State MA Zip Code 02454<br><br>Purpose of Disbursement<br>Generic Cmte. Events/Meetings<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862759<br>Date of Disbursement<br>04 / 17 / 2009<br><br>Amount of Each Disbursement this Period<br>382.28<br><br>Category/Type        |
| B. | Full Name (Last, First, Middle Initial)<br>Insight<br><br>Mailing Address P.O. Box 78825<br><br>City Phoenix State AZ Zip Code 85062-8825<br><br>Purpose of Disbursement<br>Equipment Rental/Maintenance<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: SB21B-862760<br>Date of Disbursement<br>04 / 17 / 2009<br><br>Amount of Each Disbursement this Period<br>652.47<br><br>001<br>Category/Type |
| C. | Full Name (Last, First, Middle Initial)<br>Insight<br><br>Mailing Address P.O. Box 78825<br><br>City Phoenix State AZ Zip Code 85062-8825<br><br>Purpose of Disbursement<br>Equipment Rental/Maintenance<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: SB21B-862761<br>Date of Disbursement<br>04 / 17 / 2009<br><br>Amount of Each Disbursement this Period<br>652.47<br><br>001<br>Category/Type |

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

1687.22

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 Congressional Campaign Committee

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Insight<br><br>Mailing Address P.O. Box 78825<br><br>City Phoenix State AZ Zip Code 85062-8825<br><br>Purpose of Disbursement<br>Generic Cmte. Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862762<br>Date of Disbursement<br>04 / 17 / 2009<br><br>Amount of Each Disbursement this Period<br>85.37<br><br>Category/Type        |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ryan Karlsgodt<br><br>Mailing Address 2900 Q Street, NW Apt. 2B<br><br>City Washington State DC Zip Code 20007<br><br>Purpose of Disbursement<br>Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862763<br>Date of Disbursement<br>04 / 17 / 2009<br><br>Amount of Each Disbursement this Period<br>66.00<br><br>002<br>Category/Type |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Melissa Kurek<br><br>Mailing Address 1741 U St NW Apt 1<br><br>City Washington State DC Zip Code 20009<br><br>Purpose of Disbursement<br>Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB21B-862764<br>Date of Disbursement<br>04 / 17 / 2009<br><br>Amount of Each Disbursement this Period<br>52.98<br><br>002<br>Category/Type |

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

204.35

**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)

PAGE 324 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Melissa Kurek<br><br>Mailing Address 1741 U St NW Apt 1<br><br>City Washington State DC Zip Code 20009<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             | <b>Transaction ID:</b> SB21B-862765<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>36.00   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Verizon Business<br><br>Mailing Address 500 Technology Drive<br><br>City Weldon Springs State MO Zip Code 63304<br><br>Purpose of Disbursement Telephones<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | <b>Transaction ID:</b> SB21B-862766<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>6924.67 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Occasions Caterers, Inc.<br><br>Mailing Address 5458 3rd Street, NE<br><br>City Washington State DC Zip Code 20011<br><br>Purpose of Disbursement Generic Cmte. Catering<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-862767<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>1998.53 |

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

8959.20

**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)

PAGE 325 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Laura Rose</p> <p>Mailing Address 1722 19th Street, NW #703</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862768<br/><b>Date of Disbursement</b><br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>23.00</p> <p>002<br/>Category/Type</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Amy Strathdee</p> <p>Mailing Address 350 9th Street #31</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862769<br/><b>Date of Disbursement</b><br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>140.60</p> <p>002<br/>Category/Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862770<br/><b>Date of Disbursement</b><br/>04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>573.10</p> <p>Category/Type</p>         |

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

736.70

**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)

PAGE 326 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
United Parcel Service

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B-862771  
Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

8.72

B.

Full Name (Last, First, Middle Initial)  
Louisa Whitney

Mailing Address 1701 16th St., NW  
Apt. 721

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B-862772  
Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

68.25

C.

Full Name (Last, First, Middle Initial)  
Washington Metropolitan Area Transit Authority

Mailing Address 600 Fifth Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B-862901  
Date of Disbursement

04 / 17 / 2009

Amount of Each Disbursement this Period

3354.35

SUBTOTAL of Disbursements This Page (optional) ▶

3431.32

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)

PAGE 327 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Computer Services</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-862779</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="47.16"/></p>    |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>United States Postal Service</p> <p>Mailing Address 900 Brentwood Road, NE</p> <p>City Washington State DC Zip Code 20066</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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-862795</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20000.00"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Beth Barefoot</p> <p>Mailing Address 815 Maryland Ave NE Apt. 205</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Telephones</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-862783</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="89.98"/></p>    |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="20137.14"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                  |

# 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 328 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Yates Baroodly<br><hr/> Mailing Address 2 Terrace Court, NE<br><hr/> City Washington State DC Zip Code 20002<br>Purpose of Disbursement Telephones<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862784<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 9                             |
|  | Amount of Each Disbursement this Period<br>64.27   |
|  | Category/Type<br>001   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Brennan Bilberry<br><hr/> Mailing Address 511 G St. NE<br><hr/> City Washington State DC Zip Code 20002<br>Purpose of Disbursement Per Diem<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼        | Transaction ID: SB21B-862785<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 9                             |
|  | Amount of Each Disbursement this Period<br>375.00  |
|  | Category/Type<br>[ ]   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>John Brougher<br><hr/> Mailing Address 6347 N Nottingham Street<br><hr/> City McLean State VA Zip Code 22101<br>Purpose of Disbursement Travel<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB21B-862786<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 0 / 2 0 0 9                             |
|  | Amount of Each Disbursement this Period<br>58.90   |
|  | Category/Type<br>002   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 498.17 |
| <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 329 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>John Brougher</p> <p>Mailing Address 6347 N Nottingham Street</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement Travel</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-862787</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.20"/></p> <p>Category/Type: <input type="text" value="002"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Dell Business Credit</p> <p>Mailing Address Payment Processing Center<br/>PO Box 5275</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Equipment</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-862788</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18061.55"/></p> <p>Category/Type: <input type="text"/></p>          |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Dell Business Credit</p> <p>Mailing Address Payment Processing Center<br/>PO Box 5275</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</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-862789</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="81.51"/></p> <p>Category/Type: <input type="text"/></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)

PAGE 330 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Melissa Kurek</p> <p>Mailing Address 1741 U St NW Apt 1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel</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-862790</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.00"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Heather McHugh</p> <p>Mailing Address 2130 P Street NW Apt.603</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Travel</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-862791</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Jennifer Pihlaja</p> <p>Mailing Address 3300 16th St NW #1015</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel</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-862792</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="206.26"/></p> |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="300.26"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text" value=""/></p>       |

# 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 331 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Ryan Rudominer  | Transaction ID: SB21B-862793<br>Date of Disbursement<br>04 / 20 / 2009 |
|    | Mailing Address 1320 N. Veitech Street Apt. 1201<br>City Arlington State VA Zip Code 22201<br>Purpose of Disbursement Per Diem<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                   | Amount of Each Disbursement this Period<br>375.00<br>Category/Type     |
| B. | Full Name (Last, First, Middle Initial)<br>Todd Schulte  | Transaction ID: SB21B-862794<br>Date of Disbursement<br>04 / 20 / 2009 |
|    | Mailing Address 631 D Street, NW Apt. 230<br>City Washington State DC Zip Code 20004<br>Purpose of Disbursement Per Diem<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                         | Amount of Each Disbursement this Period<br>375.00<br>Category/Type     |
| C. | Full Name (Last, First, Middle Initial)<br>Global Strategy Group, LLC  | Transaction ID: SB21B-862796<br>Date of Disbursement<br>04 / 20 / 2009 |
|    | Mailing Address 895 Broadway, 5th Floor<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement Generic Strategic Political Services<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period<br>10000.00<br>Category/Type   |

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

10750.00

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)

PAGE 332 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DC Treasurer</p> <p>Mailing Address PO Box 679<br/>Ben Franklin Station</p> <p>City Washington State DC Zip Code 20044</p> <p>Purpose of Disbursement Use Tax<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862895<br/><b>Date of Disbursement</b><br/>04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1449.12</p> <p>Category/Type<br/>001</p>                       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Simon Falic</p> <p>Mailing Address 150 Harbour Way</p> <p>City Bal Harbour State FL Zip Code 33154</p> <p>Purpose of Disbursement Offset For In-Kind Events<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863314<br/><b>Date of Disbursement</b><br/>04 / 20 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2925.00</p> <p>Category/Type</p>                               |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862906<br/><b>Date of Disbursement</b><br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>151.38</p> <p>Category/Type</p> <p>See Attached Memo Entry</p> |

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

4525.50

**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)

PAGE 333 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>TARGET</b></p> <p>Mailing Address 3101 Jefferson Davis Hwy</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement<br/>Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862906-10000</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period<br/>12.42</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>FTD FTD.COM</b></p> <p>Mailing Address 3113 Woodcreek Drive</p> <p>City Downers Grove State IL Zip Code 60515</p> <p>Purpose of Disbursement<br/>Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862906-20000</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>74.98</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>FTD FTD.COM</b></p> <p>Mailing Address 3113 Woodcreek Drive</p> <p>City Downers Grove State IL Zip Code 60515</p> <p>Purpose of Disbursement<br/>Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862906-30000</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>63.98</p> <p><b>[MEMO ITEM]</b><br/>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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br><hr/> Mailing Address P.O. Box 53155<br><hr/> City Phoenix State AZ Zip Code 85072-3155<br><hr/> Purpose of Disbursement<br>Generic Cmte. Printing<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862907<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>47.55   |
|  | Category/<br>Type  |
|  | See Attached Memo Entry  |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FedEx Kinkos<br><hr/> Mailing Address 4809 Bethesda Ave.<br><hr/> City Bethesda State MD Zip Code 20814<br><hr/> Purpose of Disbursement<br>Generic Cmte. Printing<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862907-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>47.55   |
|   | Category/<br>Type  |
|   | [MEMO ITEM]<br>Memo Entry  |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br><hr/> Mailing Address P.O. Box 53155<br><hr/> City Phoenix State AZ Zip Code 85072-3155<br><hr/> Purpose of Disbursement<br>Travel<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862908<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>262.27  |
|  | Category/<br>Type<br>002   |
|  | See Attached Memo Entry  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 309.82 |
| <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 335 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CALIFORNIA TORTILLA</p> <p>Mailing Address 728 7th St NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</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-862908-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.43"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CALIFORNIA TORTILLA</p> <p>Mailing Address 728 7th St NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</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-862908-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.42"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CALIFORNIA TORTILLA</p> <p>Mailing Address 728 7th St NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</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-862908-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.42"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

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

# 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 336 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |  |   |
|-----------|--|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement<br>Generic Cmte. Events/Meetings<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-862909<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9       | Amount of Each Disbursement this Period<br><br>201.88 |
|           |  |  | See Attached Memo Entry                               |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>TELEFLORA.COM<br><br>Mailing Address P.O. Box 60910<br><br>City Los Angeles State CA Zip Code 90600<br><br>Purpose of Disbursement<br>Generic Cmte. Events/Meetings<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | <b>Transaction ID:</b> SB21B-862909-10000<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 2 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>100.94 |
|           |  |  | [MEMO ITEM]<br>Memo Entry                             |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>TELEFLORA.COM<br><br>Mailing Address P.O. Box 60910<br><br>City Los Angeles State CA Zip Code 90600<br><br>Purpose of Disbursement<br>Generic Cmte. Events/Meetings<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | <b>Transaction ID:</b> SB21B-862909-20000<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 2 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>100.94 |
|           |  |  | [MEMO ITEM]<br>Memo Entry                             |

|  |  |               |  |
|--|--|---------------|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      |  | <b>201.88</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 337 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |   |  |  |
|-----------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: SB21B-862910<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>1206.42<br><br>See Attached Memo Entry        |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>ORBITZ<br><br>Mailing Address 500 West Madison Street Suite<br><br>City Chicago State IL Zip Code 60661<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862910-10000<br>Date of Disbursement<br>03 / 17 / 2009<br><br>Amount of Each Disbursement this Period<br>13.98<br><br>[MEMO ITEM]<br>Memo Entry  |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>UNITED AIR<br><br>Mailing Address P.O. Box 66100<br><br>City Chicago State IL Zip Code 60666<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: SB21B-862910-20000<br>Date of Disbursement<br>03 / 18 / 2009<br><br>Amount of Each Disbursement this Period<br>472.20<br><br>[MEMO ITEM]<br>Memo Entry |  |

|  |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1206.42 |
| <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 338 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>UNITED AIR</p> <p>Mailing Address P.O. Box 66100</p> <p>City Chicago State IL Zip Code 60666</p> <p>Purpose of Disbursement Travel</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-862910-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">472.20</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>JURYS CUFFS IRISH BAR</p> <p>Mailing Address 154 Berkely Street</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</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-862910-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">40.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>JURYS BOSTON HOTEL</p> <p>Mailing Address 350 Stuart Street</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</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-862910-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">208.04</p> <p><b>[MEMO ITEM]</b><br/>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)

PAGE 339 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862911<br/><b>Date of Disbursement</b><br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>797.45</p> <p>002<br/>Category/Type</p> <p>See Attached Memo Entry</p>          |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AMTRAK .COM</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862911-10000<br/><b>Date of Disbursement</b><br/>03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period<br/>310.00</p> <p>002<br/>Category/Type</p> <p>[MEMO ITEM]<br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AMTRAK .COM</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862911-20000<br/><b>Date of Disbursement</b><br/>03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>310.00</p> <p>002<br/>Category/Type</p> <p>[MEMO ITEM]<br/>Memo Entry</p> |

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

797.45

**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)

PAGE 340 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AFFINIA FIFTY</p> <p>Mailing Address 155 E 50th Street</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement Travel</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-862911-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="120.61"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>NYC TAXI</p> <p>Mailing Address 303 9th Ave</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Travel</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-862911-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="10.68"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>NYC TAXI</p> <p>Mailing Address 303 9th Ave</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Travel</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-862911-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="14.76"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |

|  |                                   |
|--|-----------------------------------|
| <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" value=""/>     |

**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 Congressional Campaign Committee

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>NYC TAXI<br>Mailing Address 303 9th Ave<br>City New York State NY Zip Code 10001<br>Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: SB21B-862911-60000<br>Date of Disbursement<br>03 / 16 / 2009  |
|  | Amount of Each Disbursement this Period<br>16.70<br>[MEMO ITEM]<br>Memo Entry |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>NYC TAXI<br>Mailing Address 303 9th Ave<br>City New York State NY Zip Code 10001<br>Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: SB21B-862911-70000<br>Date of Disbursement<br>03 / 16 / 2009  |
|  | Amount of Each Disbursement this Period<br>14.70<br>[MEMO ITEM]<br>Memo Entry |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br>Mailing Address P.O. Box 53155<br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Generic Cmte. Events/Meetings<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: SB21B-862912<br>Date of Disbursement<br>04 / 22 / 2009       |
|   | Amount of Each Disbursement this Period<br>508.78<br>See Attached Memo Entry |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 508.78 |
| <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 342 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TREFROGS</p> <p>Mailing Address 363 N. Robertson Blvd</p> <p>City West Hollywood State CA Zip Code 90048</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862912-10000</p> <p>Date of Disbursement<br/>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period<br/>167.79</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>TREFROGS</p> <p>Mailing Address 363 N. Robertson Blvd</p> <p>City West Hollywood State CA Zip Code 90048</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862912-20000</p> <p>Date of Disbursement<br/>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period<br/>173.20</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TREFROGS</p> <p>Mailing Address 363 N. Robertson Blvd</p> <p>City West Hollywood State CA Zip Code 90048</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862912-30000</p> <p>Date of Disbursement<br/>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period<br/>167.79</p> <p><b>[MEMO ITEM]</b><br/>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)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB21B-862913<br>Date of Disbursement  |
|    | Mailing Address P.O. Box 53155   | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/> |
|    | City Phoenix State AZ Zip Code 85072-3155  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Travel<br>Candidate Name   | <input type="text" value="2.50"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | See Attached Memo Entry   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |
|    |  | Category/Type: <input type="text" value="002"/>   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>CITY OF BERKELEY PARKEZ   | Transaction ID: SB21B-862913-10000<br>Date of Disbursement  |
|    | Mailing Address 1947 Center Street   | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2009"/> |
|    | City BERKELEY State CA Zip Code 94704  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Travel<br>Candidate Name   | <input type="text" value="1.25"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | [MEMO ITEM]<br>Memo Entry   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |
|    |  | Category/Type: <input type="text" value="002"/>   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>CITY OF BERKELEY PARKEZ   | Transaction ID: SB21B-862913-20000<br>Date of Disbursement  |
|    | Mailing Address 1947 Center Street   | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2009"/> |
|    | City BERKELEY State CA Zip Code 94704  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Travel<br>Candidate Name   | <input type="text" value="1.25"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | [MEMO ITEM]<br>Memo Entry   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |
|    |  | Category/Type: <input type="text" value="002"/>   |

|  |                                   |
|--|-----------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="2.50"/> |
| <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)

PAGE 344 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |   |   |                          |
|-----------|---|---|--------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement<br>Generic Cmte. Postage/Delivery<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862914<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>61.00<br><br>See Attached Memo Entry         | 001<br>Category/<br>Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>USPS<br><br>Mailing Address 2 Mass Ave. NE<br><br>City WASHINGTON State DC Zip Code 20002<br><br>Purpose of Disbursement<br>Generic Cmte. Postage/Delivery<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB21B-862914-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>45.00<br><br>[MEMO ITEM]<br>Memo Entry | 001<br>Category/<br>Type |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>USPS<br><br>Mailing Address 2 Mass Ave. NE<br><br>City WASHINGTON State DC Zip Code 20002<br><br>Purpose of Disbursement<br>Generic Cmte. Postage/Delivery<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB21B-862914-20000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>16.00<br><br>[MEMO ITEM]<br>Memo Entry | 001<br>Category/<br>Type |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 61.00 |
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB21B-862915<br>Date of Disbursement   |
|    | Mailing Address P.O. Box 53155   | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>                          |
|    | City Phoenix State AZ Zip Code 85072-3155  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Generic Cmte. Catering  | <input type="text" value="150.72"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | See Attached Memo Entry  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CORNER BAKERY   | Transaction ID: SB21B-862915-10000<br>Date of Disbursement   |
|    | Mailing Address 12700 Park Central Dr. Suite 1   | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>                          |
|    | City DALLAS State TX Zip Code 75251  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Generic Cmte. Catering  | <input type="text" value="150.72"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | [MEMO ITEM]<br>Memo Entry  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB21B-862916<br>Date of Disbursement   |
|    | Mailing Address P.O. Box 53155   | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>                          |
|    | City Phoenix State AZ Zip Code 85072-3155  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Generic Cmte. Events/Meetings   | <input type="text" value="116.33"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | See Attached Memo Entry  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="267.05"/> |
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TELEFLORA.COM</p> <p>Mailing Address P.O. Box 60910</p> <p>City LOS ANGELES State CA Zip Code 90064</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862916-10000<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>116.33</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862917<br/><b>Date of Disbursement</b><br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>161.73</p> <p>See Attached Memo Entry</p>                 |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FedEx Kinkos</p> <p>Mailing Address 715 D St. SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862917-10000<br/><b>Date of Disbursement</b><br/>03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period<br/>161.73</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 161.73 |
| <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 347 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862918<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>529.20<br><br>See Attached Memo Entry         |
| B. | Full Name (Last, First, Middle Initial)<br>UNITED AIR<br><br>Mailing Address P.O. Box 66100<br><br>City CHICAGO State IL Zip Code 60666<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: SB21B-862918-10000<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>219.60<br><br>[MEMO ITEM]<br>Memo Entry |
| C. | Full Name (Last, First, Middle Initial)<br>UNITED AIR<br><br>Mailing Address P.O. Box 66100<br><br>City CHICAGO State IL Zip Code 60666<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: SB21B-862918-20000<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>309.60<br><br>[MEMO ITEM]<br>Memo Entry |

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

529.20

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)

PAGE 348 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB21B-862919<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>72.35<br><br>See Attached Memo Entry         |
| B. | Full Name (Last, First, Middle Initial)<br>WASHINGTON FLYER TAXI<br><br>Mailing Address P.O. Box 17045<br><br>City WASHINGTON State DC Zip Code 20041<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862919-10000<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>72.35<br><br>[MEMO ITEM]<br>Memo Entry |
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB21B-862920<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>2119.82<br><br>See Attached Memo Entry       |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2192.17 |
| <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 349 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>USAIRWAYS</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City TEMPE State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel</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-862920-10000</p> <p><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p><b>Amount of Each Disbursement this Period</b><br/>675.20</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>USAIRWAYS</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City TEMPE State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel</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-862920-20000</p> <p><b>Date of Disbursement</b><br/>03 / 27 / 2009</p> <p><b>Amount of Each Disbursement this Period</b><br/>150.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>USAIRWAYS</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City TEMPE State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel</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-862920-30000</p> <p><b>Date of Disbursement</b><br/>03 / 27 / 2009</p> <p><b>Amount of Each Disbursement this Period</b><br/>242.00</p> <p><b>[MEMO ITEM]</b><br/>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)

PAGE 350 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>TELEFLORA.COM</p> <p>Mailing Address P.O. Box 60910</p> <p>City LOS ANGELES State CA Zip Code 90064</p> <p>Purpose of Disbursement Travel</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-862920-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="100.94"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>TELEFLORA.COM</p> <p>Mailing Address P.O. Box 60910</p> <p>City LOS ANGELES State CA Zip Code 90064</p> <p>Purpose of Disbursement Travel</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-862920-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="100.94"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>LOGAN INT'L</p> <p>Mailing Address Logan International Airport</p> <p>City BOSTON State MA Zip Code 02128</p> <p>Purpose of Disbursement Travel</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-862920-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="6.12"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>   |

|  |                                   |
|--|-----------------------------------|
| <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" value=""/>     |

# 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 351 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>USAIRWAYS   | Transaction ID: SB21B-862920-70000                       |
|           | Mailing Address 111 West Rio Salado Parkway  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009 |
|           | City TEMPE State AZ Zip Code 85281   | Amount of Each Disbursement this Period<br>50.00         |
|           | Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Category/Type: 002 | [MEMO ITEM]<br>Memo Entry                                |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>TAJ BOSTON FOOD   | Transaction ID: SB21B-862920-80000                       |
|           | Mailing Address 16 Arlington St.   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009 |
|           | City BOSTON State MA Zip Code 02116  | Amount of Each Disbursement this Period<br>58.51         |
|           | Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Category/Type: 002 | [MEMO ITEM]<br>Memo Entry                                |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DELTA AIR   | Transaction ID: SB21B-862920-90000                       |
|           | Mailing Address 1030 Delta Boulevard   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009 |
|           | City ATLANTA State GA Zip Code 30320   | Amount of Each Disbursement this Period<br>20.00         |
|           | Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Category/Type: 002 | [MEMO ITEM]<br>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)

PAGE 352 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DELTA AIR</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</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-862920-100000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">458.60</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 9 | 458.60 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3  | / | 3 | 0 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 458.60   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>TAJ HOTELS INTERNATIONAL</p> <p>Mailing Address 15 Arlington St.</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</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-862920-110000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">257.51</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 | 257.51 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3  | / | 3 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 257.51   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</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-862921</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">779.74</td> </tr> </table> <p>See Attached Memo Entry</p>                  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | / | 2 | 2 | / | 2 | 0 | 0 | 9 | 779.74 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 4  | / | 2 | 2 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 779.74   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |

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

|        |
|--------|
| 779.74 |
|--------|

**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)

PAGE 353 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>USAIRWAYS</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City TEMPE State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862921-10000<br/><b>Date of Disbursement</b><br/>03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period<br/>339.60</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Avenue</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862921-20000<br/><b>Date of Disbursement</b><br/>03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period<br/>436.88</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Avenue</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862921-30000<br/><b>Date of Disbursement</b><br/>03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period<br/>9.75</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>   |

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| <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)

PAGE 354 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Avenue</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</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-862921-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-6.49</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</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-862922</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">107.65</p> <p>See Attached Memo Entry</p>                |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FOUR SEASONS HOTEL WA F&amp;B</p> <p>Mailing Address 2800 Pennsylvania Avenue NW</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel</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-862922-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">75.70</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="107.65"/> |
| <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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
WASHINGTON COURT HTL F&B

Mailing Address 525 New Jersey Ave NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862922-20000  
Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

31.95

[MEMO ITEM]  
Memo Entry

B.

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862923  
Date of Disbursement

04 / 22 / 2009

Amount of Each Disbursement this Period

612.19

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)  
USAIRWAYS

Mailing Address 111 West Rio Salado Parkway

City Tempe State AZ Zip Code 85281

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862923-10000  
Date of Disbursement

03 / 10 / 2009

Amount of Each Disbursement this Period

579.20

[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

612.19

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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>ORBITZ</p> <p>Mailing Address 500 West Madison Street Suite</p> <p>City Chicago State IL Zip Code 60661</p> <p>Purpose of Disbursement Travel</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-862923-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6.99"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>WYNDHAM PHOENIX</p> <p>Mailing Address 50 E Adams St</p> <p>City Phoenix State AZ Zip Code 85004</p> <p>Purpose of Disbursement Travel</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-862923-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.00"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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-862924</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="253.00"/></p> <p>See Attached Memo Entry</p>                |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="253.00"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

**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 357 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>USPS</p> <p>Mailing Address 475 L'Enfant Plaza SW</p> <p>City Washington State DC Zip Code 20260</p> <p>Purpose of Disbursement<br/>Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862924-10000<br/><b>Date of Disbursement</b><br/>03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>253.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925<br/><b>Date of Disbursement</b><br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>291.84</p> <p>See Attached Memo Entry</p>                 |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-10000<br/><b>Date of Disbursement</b><br/>03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>   |

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

291.84

**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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-20000</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>48.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-30000</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>20.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-40000</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>16.00</p> <p><b>[MEMO ITEM]</b><br/>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)

PAGE 359 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-50000<br/><b>Date of Disbursement</b><br/>03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period<br/>16.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-60000<br/><b>Date of Disbursement</b><br/>03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period<br/>12.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>HEALTH GRADES, INC.</p> <p>Mailing Address 500 Golden Ridge Rd # 100</p> <p>City Golden State CO Zip Code 80401</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-70000<br/><b>Date of Disbursement</b><br/>03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period<br/>9.95</p> <p><b>[MEMO ITEM]</b><br/>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)

PAGE 360 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DC GOV RECORDER OF DEEDS</p> <p>Mailing Address 515 D Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-80000</p> <p>Date of Disbursement<br/>03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period<br/>16.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>PROTITLEUSA</p> <p>Mailing Address PO Box 52328</p> <p>City Philadelphia State PA Zip Code 19053</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-90000</p> <p>Date of Disbursement<br/>03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period<br/>137.95</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Amazon Payments</p> <p>Mailing Address 1200 12th Avenue, Suite 1200</p> <p>City Seattle State WA Zip Code 98144</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862925-100000</p> <p>Date of Disbursement<br/>03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period<br/>11.94</p> <p><b>[MEMO ITEM]</b><br/>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)

PAGE 361 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB21B-862926<br>Date of Disbursement<br>04 / 22 / 2009   |
|    | Mailing Address P.O. Box 53155   | Amount of Each Disbursement this Period<br>399.00  |
|    | City Phoenix State AZ Zip Code 85072-3155  |  |
|    | Purpose of Disbursement Subscriptions<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | See Attached Memo Entry  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>NEWSLIBRARY.COM ARTICL  | Transaction ID: SB21B-862926-10000<br>Date of Disbursement<br>03 / 12 / 2009   |
|    | Mailing Address 397 Main St. PO Box 219  | Amount of Each Disbursement this Period<br>399.00  |
|    | City Chester State VT Zip Code 05143   |  |
|    | Purpose of Disbursement Subscriptions<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | [MEMO ITEM]<br>Memo Entry  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB21B-862927<br>Date of Disbursement<br>04 / 22 / 2009   |
|    | Mailing Address P.O. Box 53155   | Amount of Each Disbursement this Period<br>5.99  |
|    | City Phoenix State AZ Zip Code 85072-3155  |  |
|    | Purpose of Disbursement Wire Services On Line Svcs.<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | See Attached Memo Entry  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 404.99 |
| <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 362 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TMOBILE HOTSPOT</p> <p>Mailing Address PO Box 37380</p> <p>City Albuquerque State NM Zip Code 87176</p> <p>Purpose of Disbursement Wire Services On Line Svcs.<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-862927-10000<br/><b>Date of Disbursement</b><br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5.99</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Printing<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> SB21B-862928<br/><b>Date of Disbursement</b><br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>25.31</p> <p>See Attached Memo Entry</p>                 |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FedEx Kinkos</p> <p>Mailing Address 1218 N Monroe Street</p> <p>City TALLAHASSEE State FL Zip Code 32303</p> <p>Purpose of Disbursement Generic Cmte. Printing<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-862928-10000<br/><b>Date of Disbursement</b><br/>04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period<br/>25.31</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

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

25.31

**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)

PAGE 363 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: SB21B-862929<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>261.01<br><br>See Attached Memo Entry        |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>APPLEBEES<br><br>Mailing Address 1355 Apalachee Parkway<br><br>City TALLAHASSEE State FL Zip Code 32301<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: SB21B-862929-10000<br>Date of Disbursement<br>04 / 02 / 2009<br><br>Amount of Each Disbursement this Period<br>15.66<br><br>[MEMO ITEM]<br>Memo Entry |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>SPEEDWAY GRILL<br><br>Mailing Address 5501 Josh Birmingham Parkway<br><br>City CHARLOTTE State NC Zip Code 28208<br><br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862929-20000<br>Date of Disbursement<br>04 / 02 / 2009<br><br>Amount of Each Disbursement this Period<br>8.65<br><br>[MEMO ITEM]<br>Memo Entry  |

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

261.01

**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)

PAGE 364 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>USAIRWAYS</p> <p>Mailing Address 4000 E Sky Harbor Blvd</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</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-862929-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>GORDON BIRSCH</p> <p>Mailing Address National Airport</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</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-862929-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.67"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CABO'S ISLAND GRILL</p> <p>Mailing Address 1221 Apalachee Parkway</p> <p>City TALLAHASSEE State FL Zip Code 32301</p> <p>Purpose of Disbursement Travel</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-862929-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.48"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

|  |                                   |
|--|-----------------------------------|
| <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)

PAGE 365 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>APPLEBEES</p> <p>Mailing Address 1355 Apalachee Parkway</p> <p>City TALLAHASSEE State FL Zip Code 32301</p> <p>Purpose of Disbursement Travel</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-862929-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.02"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ALAMO RENT-A-CAR</p> <p>Mailing Address 3300 Capital Cir SW</p> <p>City TALLAHASSEE State FL Zip Code 32310</p> <p>Purpose of Disbursement Travel</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-862929-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="154.53"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</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-862930</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1232.32"/></p> <p>See Attached Memo Entry</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)

PAGE 366 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>SOUTHWESTAIR</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Travel</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-862930-10000</p> <p><b>Date of Disbursement</b><br/>MM / DD / YYYY<br/>03 / 11 / 2009</p> <p><b>Amount of Each Disbursement this Period</b><br/>213.70</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>SOUTHWESTAIR</p> <p>Mailing Address P.O. Box 36647 - 1CR</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement Travel</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-862930-20000</p> <p><b>Date of Disbursement</b><br/>MM / DD / YYYY<br/>03 / 25 / 2009</p> <p><b>Amount of Each Disbursement this Period</b><br/>213.70</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>14TH STREET BP</p> <p>Mailing Address 2600 14th Street</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel</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-862930-30000</p> <p><b>Date of Disbursement</b><br/>MM / DD / YYYY<br/>03 / 26 / 2009</p> <p><b>Amount of Each Disbursement this Period</b><br/>32.86</p> <p><b>[MEMO ITEM]</b><br/>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 Congressional Campaign Committee

|   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|-------|----------------------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>CALIFORNIA TORTILLA</b><br><hr/> Mailing Address 7727 Tuckerman Ln<br><hr/> City POTOMAC State MD Zip Code 20854<br><hr/> Purpose of Disbursement<br>Travel<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | <b>Transaction ID:</b> SB21B-862930-40000<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M     | M                                | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 | 9 |
|   | M   | M     | /                                | D | D | / | Y | Y | Y | Y |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3     |                                  | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |  |   |   |  |   |   |   |   |
|   | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>11.32</td> </tr> </table>  | 11.32 | <b>[MEMO ITEM]</b><br>Memo Entry |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 11.32   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Category/Type<br><table border="1"> <tr> <td>002</td> </tr> </table>  | 002   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 002   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>DUNKIN</b><br><hr/> Mailing Address 713 Upper Glen St<br><hr/> City QUEENSBURY State NY Zip Code 12804<br><hr/> Purpose of Disbursement<br>Travel<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | <b>Transaction ID:</b> SB21B-862930-50000<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M     | M                                | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 | 9 |
|   | M   | M     | /                                | D | D | / | Y | Y | Y | Y |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3     |                                  | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |  |   |   |  |   |   |   |   |
|   | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>14.53</td> </tr> </table>  | 14.53 | <b>[MEMO ITEM]</b><br>Memo Entry |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 14.53   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Category/Type<br><table border="1"> <tr> <td>002</td> </tr> </table>  | 002   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 002   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>HALFMOON SALAD AND SANDWICH</b><br><hr/> Mailing Address 1615 Route 9<br><hr/> City Clifton Park State NY Zip Code 12065<br><hr/> Purpose of Disbursement<br>Travel<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-862930-60000<br><b>Date of Disbursement</b><br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M     | M                                | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 | 9 |
|   | M   | M     | /                                | D | D | / | Y | Y | Y | Y |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3     |                                  | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |  |   |   |  |   |   |   |   |
|   | Amount of Each Disbursement this Period<br><table border="1"> <tr> <td>16.91</td> </tr> </table>  | 16.91 | <b>[MEMO ITEM]</b><br>Memo Entry |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 16.91   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Category/Type<br><table border="1"> <tr> <td>002</td> </tr> </table>  | 002   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 002   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |   |       |                                  |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |      |
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| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>STEWARTS SHOP</b></p> <p>Mailing Address 402 Bay Rd</p> <p>City QUEENSBURY State NY Zip Code 12801</p> <p>Purpose of Disbursement Travel</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-862930-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.18"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>DAVIDSON BROTHERS</b></p> <p>Mailing Address 184 Glen Street</p> <p>City Glen falls State NY Zip Code 12801</p> <p>Purpose of Disbursement Travel</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-862930-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.16"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>LOX OF BAGELS &amp; MOOR</b></p> <p>Mailing Address 89 1 2 Main Street</p> <p>City QUEENSBURY State NY Zip Code 12804</p> <p>Purpose of Disbursement Travel</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-862930-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="17.44"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

|  |                                   |
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| <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)

PAGE 369 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>RIDGE STREET COFFEE</p> <p>Mailing Address 1 Ridge Street</p> <p>City GLEN FALLS State NY Zip Code 12804</p> <p>Purpose of Disbursement Travel</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-862930-100000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.84"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DNCP&amp;R GIDEON PUTM CT RSV</p> <p>Mailing Address 24 Gideon Putnam Road</p> <p>City Saratoga Springs State NY Zip Code 12866</p> <p>Purpose of Disbursement Travel</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-862930-110000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="132.67"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>PRICELINE.COM HTL</p> <p>Mailing Address 800 Connecticut Ave # 8</p> <p>City Norwalk State CT Zip Code 06854</p> <p>Purpose of Disbursement Travel</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-862930-120000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="407.12"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</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 Congressional Campaign Committee

|  |   |  |
|--|---|--|
| <b>A.</b>  | Full Name (Last, First, Middle Initial)<br>STARBUCKS USA  | Transaction ID: SB21B-862930-130000                      |
|  | Mailing Address 351 Broadway  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 02 / 2009 |
|  | City State Zip Code<br>Saratoga Springs NY 12866  | Amount of Each Disbursement this Period<br>15.89         |
|  | Purpose of Disbursement<br>Travel   | 002<br>Category/<br>Type                                 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>Memo Entry                                |
| State: District:   |   |  |
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>CIRCUS CAFE  | Transaction ID: SB21B-862930-140000                      |
|  | Mailing Address 392 Broadway  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 02 / 2009 |
|  | City State Zip Code<br>Saratoga Springs NY 12866  | Amount of Each Disbursement this Period<br>48.00         |
|  | Purpose of Disbursement<br>Travel   | 002<br>Category/<br>Type                                 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>Memo Entry                                |
| State: District:   |   |  |
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>THE CASCADES   | Transaction ID: SB21B-862930-150000                      |
|  | Mailing Address 407 Warren Street   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 03 / 2009 |
|  | City State Zip Code<br>Hudson NY 12534  | Amount of Each Disbursement this Period<br>23.00         |
|  | Purpose of Disbursement<br>Travel   | 002<br>Category/<br>Type                                 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM]<br>Memo Entry                                |
| 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)

PAGE 371 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</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-862931</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1415.41"/></p> <p>See Attached Memo Entry</p>               |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CATO TRAVEL</p> <p>Mailing Address 1 C St.</p> <p>City WASHINGTON State DC Zip Code 20515</p> <p>Purpose of Disbursement Travel</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-862931-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CATO TRAVEL</p> <p>Mailing Address 1 C St.</p> <p>City WASHINGTON State DC Zip Code 20515</p> <p>Purpose of Disbursement Travel</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-862931-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="25.00"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1415.41"/> |
| <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 372 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>EXXONMOBIL</p> <p>Mailing Address 1800 Wilson Boulevard</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862931-30000<br/><b>Date of Disbursement</b><br/>03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period<br/>27.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DELTA AIR</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862931-40000<br/><b>Date of Disbursement</b><br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>679.21</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>DELTA AIR</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862931-50000<br/><b>Date of Disbursement</b><br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>659.20</p> <p><b>[MEMO ITEM]</b><br/>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)

PAGE 373 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Seminar/ Staff Training</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-862932</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1190.00"/></p> <p>See Attached Memo Entry</p>                 |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>IPDI</p> <p>Mailing Address Ronald Reagan Bulding, 1300 Pe</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Seminar/ Staff Training</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-862932-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1190.00"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</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-862933</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="116.76"/></p> <p>See Attached Memo Entry</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)

PAGE 374 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Hawk N Dove Restaurant</p> <p>Mailing Address 329 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</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-862933-10000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">116.76</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 6 | / | 2 | 0 | 0 | 9 | 116.76 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3   | / | 1 | 6 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 116.76   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Wire Services On Line Svcs.</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-862934</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">180.84</td> </tr> </table> <p>See Attached Memo Entry</p>                 | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | / | 2 | 2 | / | 2 | 0 | 0 | 9 | 180.84 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 4   | / | 2 | 2 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 180.84   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>ONE WORLD HOSTING</p> <p>Mailing Address P.O. Box 880</p> <p>City Worthington State OH Zip Code 43085</p> <p>Purpose of Disbursement Wire Services On Line Svcs.</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-862934-10000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">9.95</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 9 | / | 2 | 0 | 0 | 9 | 9.95   |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3   | / | 0 | 9 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 9.95   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |

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

|        |
|--------|
| 180.84 |
|--------|

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>GODADDY.COM<br><hr/> Mailing Address 14455 N. Hayden Road Suite 219<br><hr/> City Scottsdale State AZ Zip Code 85260<br><hr/> Purpose of Disbursement<br>Wire Services On Line Svcs.<br>Candidate Name | Transaction ID: SB21B-862934-20000<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|  | Amount of Each Disbursement this Period<br>32.67   |
|  | [MEMO ITEM]<br>Memo Entry  |
|  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Category/Type: 001 |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>GODADDY.COM<br><hr/> Mailing Address 14455 N. Hayden Road Suite 219<br><hr/> City Scottsdale State AZ Zip Code 85260<br><hr/> Purpose of Disbursement<br>Wire Services On Line Svcs.<br>Candidate Name | Transaction ID: SB21B-862934-30000<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 16 / 2009   |
|  | Amount of Each Disbursement this Period<br>38.02   |
|  | [MEMO ITEM]<br>Memo Entry  |
|  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Category/Type: 001 |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>GODADDY.COM<br><hr/> Mailing Address 14455 N. Hayden Road Suite 219<br><hr/> City Scottsdale State AZ Zip Code 85260<br><hr/> Purpose of Disbursement<br>Wire Services On Line Svcs.<br>Candidate Name | Transaction ID: SB21B-862934-40000<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|  | Amount of Each Disbursement this Period<br>100.20  |
|  | [MEMO ITEM]<br>Memo Entry  |
|  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Category/Type: 001 |

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| <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)

PAGE 376 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB21B-862936<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>277.56<br><br>See Attached Memo Entry        |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>ALBANY AIRPORT LLC<br><br>Mailing Address Albany Int'L Arpt, 737 Albany-<br><br>City ALBANY State NY Zip Code 12211<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862936-10000<br>Date of Disbursement<br>03 / 18 / 2009<br><br>Amount of Each Disbursement this Period<br>12.33<br><br>[MEMO ITEM]<br>Memo Entry |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>ROCKHILL BAKEHOUSE<br><br>Mailing Address 19 Exchange St<br><br>City GLENS FALLS State NY Zip Code 12801<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: SB21B-862936-20000<br>Date of Disbursement<br>03 / 18 / 2009<br><br>Amount of Each Disbursement this Period<br>20.00<br><br>[MEMO ITEM]<br>Memo Entry |

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

277.56

**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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>QUEENSBURY HOTEL</p> <p>Mailing Address 88 Ridge Street</p> <p>City GLENS FALLS State NY Zip Code 12801</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862936-60000<br/><b>Date of Disbursement</b><br/>03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period<br/>197.58</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862937<br/><b>Date of Disbursement</b><br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>125.93</p> <p>See Attached Memo Entry</p>                 |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>ROSEBOWL FLORIST</p> <p>Mailing Address 601 Van Ness</p> <p>City San Francisco State CA Zip Code 94102</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862937-10000<br/><b>Date of Disbursement</b><br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>125.93</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 125.93 |
| <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 379 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |   |  |                          |
|-----------|---|--|--------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement<br>Generic Cmte. Postage/Delivery<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862938<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>840.00<br><br>See Attached Memo Entry         | 001<br>Category/<br>Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>USPS<br><br>Mailing Address Longworth HOB<br><br>City WASHINGTON State DC Zip Code 20515<br><br>Purpose of Disbursement<br>Generic Cmte. Postage/Delivery<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | Transaction ID: SB21B-862938-10000<br>Date of Disbursement<br>04 / 01 / 2009<br><br>Amount of Each Disbursement this Period<br>630.00<br><br>[MEMO ITEM]<br>Memo Entry | 001<br>Category/<br>Type |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>USPS<br><br>Mailing Address Longworth HOB<br><br>City WASHINGTON State DC Zip Code 20515<br><br>Purpose of Disbursement<br>Generic Cmte. Postage/Delivery<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | Transaction ID: SB21B-862938-20000<br>Date of Disbursement<br>04 / 03 / 2009<br><br>Amount of Each Disbursement this Period<br>210.00<br><br>[MEMO ITEM]<br>Memo Entry | 001<br>Category/<br>Type |

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

840.00

**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)

PAGE 380 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862939<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>538.38<br><br>See Attached Memo Entry         |
| B. | Full Name (Last, First, Middle Initial)<br>Hotels.com<br><br>Mailing Address 3150 139th Ave SE<br><br>City Bellevue State WA Zip Code 98085<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: SB21B-862939-10000<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>448.65<br><br>[MEMO ITEM]<br>Memo Entry |
| C. | Full Name (Last, First, Middle Initial)<br>SOFIA HOTEL<br><br>Mailing Address 150 West Broadway<br><br>City SAN DIEGO State CA Zip Code 92101<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB21B-862939-20000<br>Date of Disbursement<br>03 / 23 / 2009<br><br>Amount of Each Disbursement this Period<br>100.00<br><br>[MEMO ITEM]<br>Memo Entry |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 538.38 |
| <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 381 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MAUI WOWI</p> <p>Mailing Address 1 Aviation Circle</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</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-862939-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.02"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CURRANT RESTAURANT</p> <p>Mailing Address 160 West Broadway</p> <p>City SAN DIEGO State CA Zip Code 91251</p> <p>Purpose of Disbursement Travel</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-862939-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.71"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>PARADIES</p> <p>Mailing Address 1 Aviation Circle</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</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-862939-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

|  |                                   |
|--|-----------------------------------|
| <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)

PAGE 382 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SOFIA HOTEL</p> <p>Mailing Address 150 West Broadway</p> <p>City SAN DIEGO State CA Zip Code 92101</p> <p>Purpose of Disbursement Travel</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-862939-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-72.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ORANGE CAB COMPANY</p> <p>Mailing Address 4250 Pacific Hwy # 207</p> <p>City SAN DIEGO State CA Zip Code 92110</p> <p>Purpose of Disbursement Travel</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-862939-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">16.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</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-862940</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">1176.75</p> <p>See Attached Memo Entry</p>                |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1176.75"/> |
| <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 384 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |   |  |
|-----------|--|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>HOTEL PALOMAR LAWESTWOOD<br><br>Mailing Address 10740 Wilshire Blvd.<br><br>City LOS ANGELES State CA Zip Code 90024<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862940-40000<br>Date of Disbursement<br>03 / 25 / 2009<br><br>Amount of Each Disbursement this Period<br>208.62<br><br><b>[MEMO ITEM]</b><br>Memo Entry |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>HOTEL PALOMAR LAWESTWOOD<br><br>Mailing Address 10740 Wilshire Blvd.<br><br>City LOS ANGELES State CA Zip Code 90024<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862940-50000<br>Date of Disbursement<br>03 / 25 / 2009<br><br>Amount of Each Disbursement this Period<br>265.77<br><br><b>[MEMO ITEM]</b><br>Memo Entry |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>HOTEL PALOMAR LAWESTWOOD<br><br>Mailing Address 10740 Wilshire Blvd.<br><br>City LOS ANGELES State CA Zip Code 90024<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862940-60000<br>Date of Disbursement<br>03 / 25 / 2009<br><br>Amount of Each Disbursement this Period<br>215.55<br><br><b>[MEMO ITEM]</b><br>Memo Entry |  |

|  |      |
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| <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 Congressional Campaign Committee

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: SB21B-862941<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>467.20<br><br>See Attached Memo Entry         |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>UNITED AIR<br><br>Mailing Address P.O. Box 66100<br><br>City Chicago State IL Zip Code 60666<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | Transaction ID: SB21B-862941-10000<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>399.80<br><br>[MEMO ITEM]<br>Memo Entry |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DULLES AIRPORT TAXI<br><br>Mailing Address P.O. Box 17045<br><br>City Washington State DC Zip Code 20041<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862941-20000<br>Date of Disbursement<br>03 / 25 / 2009<br><br>Amount of Each Disbursement this Period<br>67.40<br><br>[MEMO ITEM]<br>Memo Entry  |  |

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

467.20

**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 Congressional Campaign Committee

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB21B-862942<br>Date of Disbursement  |
|    | Mailing Address P.O. Box 53155   | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/> |
|    | City Phoenix State AZ Zip Code 85072-3155  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Travel<br>Candidate Name   | <input type="text" value="687.42"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | See Attached Memo Entry   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |
|    |  | Category/Type: <input type="text" value="002"/>   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>VIRGIN AMERICA  | Transaction ID: SB21B-862942-10000<br>Date of Disbursement  |
|    | Mailing Address 555 Airport Blvd # 200,  | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> |
|    | City BURLINGAME State CA Zip Code 94010  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Travel<br>Candidate Name   | <input type="text" value="379.20"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | [MEMO ITEM]<br>Memo Entry   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |
|    |  | Category/Type: <input type="text" value="002"/>   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Hotels.com  | Transaction ID: SB21B-862942-20000<br>Date of Disbursement  |
|    | Mailing Address 3150 139th Ave SE  | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> |
|    | City Bellevue State WA Zip Code 75231  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Travel<br>Candidate Name   | <input type="text" value="138.22"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | [MEMO ITEM]<br>Memo Entry   |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |
|    |  | Category/Type: <input type="text" value="002"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="687.42"/> |
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>VIRGIN AMERICA</p> <p>Mailing Address 555 Airport Blvd # 200,</p> <p>City BURLINGAME State CA Zip Code 94010</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862942-30000<br/><b>Date of Disbursement</b><br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>170.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862943<br/><b>Date of Disbursement</b><br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>150.56</p> <p>See Attached Memo Entry</p>                 |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>EXXONMOBIL</p> <p>Mailing Address 339 Pennsylvania Ave, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862943-10000<br/><b>Date of Disbursement</b><br/>03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period<br/>24.18</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |

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

150.56

**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)

PAGE 389 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SUNOCO SVC STATION</p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</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-862943-20000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">21.96</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 21.96 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0  | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 21.96  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SHELL OIL</p> <p>Mailing Address 10515 Connecticut Ave.</p> <p>City KENSINGTON State MD Zip Code 20895</p> <p>Purpose of Disbursement Travel</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-862943-30000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">19.49</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 8 | / | 2 | 0 | 0 | 9 | 19.49 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0  | 3  | / | 1 | 8 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 19.49  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SUNOCO SVC STATION</p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</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-862943-40000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">18.08</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 2 | 3 | / | 2 | 0 | 0 | 9 | 18.08 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0  | 3  | / | 2 | 3 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 18.08  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |

**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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SUNOCO SVC STATION</p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</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-862943-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.21"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SUNOCO SVC STATION</p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</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-862943-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.44"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SUBWAY</p> <p>Mailing Address 406 1st Street SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</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-862943-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.50"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</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)

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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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>SUBWAY</b></p> <p>Mailing Address 406 1st Street SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</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-862943-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.50"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>SUNOCO SVC STATION</b></p> <p>Mailing Address 8500 Connecticut Ave.</p> <p>City CHEVY CHASE State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</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-862943-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.20"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>Bank of America</b></p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Catering</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-862984</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="145.48"/></p> <p>See Attached Memo Entry</p>                |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="145.48"/> |
| <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 392 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
FOUR SEASONS HOTEL WA F&B

Mailing Address 2800 Pennsylvania Avenue NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
Generic Cmte. Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862984-10000  
Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2009

Amount of Each Disbursement this Period

145.48

**[MEMO ITEM]**  
Memo Entry

**B.**

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Generic Cmte. Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862985  
Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2009

Amount of Each Disbursement this Period

886.56

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)  
FOUR SEASONS HOTEL WA F&B

Mailing Address 2800 Pennsylvania Avenue NW

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement  
Generic Cmte. Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-862985-10000  
Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2009

Amount of Each Disbursement this Period

886.56

**[MEMO ITEM]**  
Memo Entry

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

886.56

**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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB21B-862986<br>Date of Disbursement<br>04 / 22 / 2009   |
|    | Mailing Address P.O. Box 53155   | Amount of Each Disbursement this Period<br>1325.96   |
|    | City Phoenix State AZ Zip Code 85072-3155  |  |
|    | Purpose of Disbursement<br>Generic Cmte. Events/Meetings   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | See Attached Memo Entry  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS   | Transaction ID: SB21B-862986-10000<br>Date of Disbursement<br>03 / 24 / 2009   |
|    | Mailing Address 404 1st Street, SE   | Amount of Each Disbursement this Period<br>287.41  |
|    | City WASHINGTON State DC Zip Code 20003  |  |
|    | Purpose of Disbursement<br>Generic Cmte. Events/Meetings   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | [MEMO ITEM]<br>Memo Entry  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Bergmann's Cleaning INC   | Transaction ID: SB21B-862986-20000<br>Date of Disbursement<br>03 / 30 / 2009   |
|    | Mailing Address 44991 Falcon Place   | Amount of Each Disbursement this Period<br>88.55   |
|    | City Sterling State VA Zip Code 20166  |  |
|    | Purpose of Disbursement<br>Generic Cmte. Events/Meetings   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |  | [MEMO ITEM]<br>Memo Entry  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1325.96 |
| <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 394 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CHARLIE PALMER STEAK</p> <p>Mailing Address 101 Constitution Ave</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862986-30000<br/><b>Date of Disbursement</b><br/>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period<br/>950.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862987<br/><b>Date of Disbursement</b><br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3200.00</p> <p>See Attached Memo Entry</p>                 |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>EASTCOAST GRILL CATERING</p> <p>Mailing Address 1271 Cambridge Street</p> <p>City CAMBRIDGE State MA Zip Code 02139</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862987-10000<br/><b>Date of Disbursement</b><br/>03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3200.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3200.00 |
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862988</p> <p>Date of Disbursement<br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5139.06</p> <p>Category/Type</p> <p>See Attached Memo Entry</p>                 |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>TELEFLORA.COM</p> <p>Mailing Address 51 Beach Street</p> <p>City NEW YORK State NY Zip Code 10013</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862988-10000</p> <p>Date of Disbursement<br/>03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1235.48</p> <p>Category/Type</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FedEx Kinkos</p> <p>Mailing Address 16 E 52nd Street</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862988-20000</p> <p>Date of Disbursement<br/>03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>93.10</p> <p>Category/Type</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5139.06 |
| <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 396 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>UNION STATION PARKING</b></p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862988-30000<br/><b>Date of Disbursement</b><br/>03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period<br/>32.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>PARTY RENTAL LTD</b></p> <p>Mailing Address 22 E 72ND St</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862988-40000<br/><b>Date of Disbursement</b><br/>03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>146.43</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>PARTY RENTAL LTD</b></p> <p>Mailing Address 22 E 72ND St</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862988-50000<br/><b>Date of Disbursement</b><br/>03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3632.05</p> <p><b>[MEMO ITEM]</b><br/>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)

PAGE 397 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement<br>Generic Cmte. Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862989<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>1.05<br><br>See Attached Memo Entry         |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>APL ITUNES<br><br>Mailing Address 1 Infinite Loop<br><br>City Cupertino State CA Zip Code 95014<br><br>Purpose of Disbursement<br>Generic Cmte. Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: SB21B-862989-10000<br>Date of Disbursement<br>03 / 30 / 2009<br><br>Amount of Each Disbursement this Period<br>1.05<br><br>[MEMO ITEM]<br>Memo Entry |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement<br>Generic Cmte. Supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862990<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>4166.31<br><br>See Attached Memo Entry      |

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

**4167.36**

**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)

PAGE 398 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>ATLANTIC CITY INSTRUMENT</b></p> <p>Mailing Address 6677 Black Horse Pike</p> <p>City Egg Harbor State NJ Zip Code 08234</p> <p>Purpose of Disbursement<br/>Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862990-10000</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4166.31</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>Bank of America</b></p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement<br/>Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862991</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>523.68</p> <p>See Attached Memo Entry</p>                  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>AMTRAK .COM</b></p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement<br/>Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862991-10000</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period<br/>288.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |

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

523.68

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 399 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>BISTRO CAFE</b></p> <p>Mailing Address 320 Park Ave</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement Travel</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><b>Transaction ID:</b> SB21B-862991-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.68"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>NYC TAXI</b></p> <p>Mailing Address 303 9th Ave</p> <p>City NEW YORK State NY Zip Code 10001</p> <p>Purpose of Disbursement Travel</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><b>Transaction ID:</b> SB21B-862991-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13.30"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>NYC TAXI</b></p> <p>Mailing Address 303 9th Ave</p> <p>City NEW YORK State NY Zip Code 10001</p> <p>Purpose of Disbursement Travel</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><b>Transaction ID:</b> SB21B-862991-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.10"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

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

**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 400 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>AFFINIA FIFTY   | Transaction ID: SB21B-862991-50000<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 155 East 50th Street   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 6 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City NEW YORK State NY Zip Code 10022  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement Travel   | <table border="1"><tr><td>120.61</td></tr></table>   | 120.61 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 120.61 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | <table border="1"><tr><td>002</td></tr></table> Category/Type  | 002    |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 002    |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        |  | <b>[MEMO ITEM]</b><br>Memo Entry   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.   | Full Name (Last, First, Middle Initial)<br>AFFINIA FIFTY   | Transaction ID: SB21B-862991-60000<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address 155 East 50th Street   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 6 |  | 2 | 0 | 0 |
| M    | M  | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |  | 1    | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City NEW YORK State NY Zip Code 10022  | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement Travel   | <table border="1"><tr><td>8.67</td></tr></table>   | 8.67 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 8.67 |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | <table border="1"><tr><td>002</td></tr></table> Category/Type  | 002  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 002  |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      |  | <b>[MEMO ITEM]</b><br>Memo Entry   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

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|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>AU BON PAIN #125 CAFE   | Transaction ID: SB21B-862991-70000<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 60 Massachusetts Avenue, NE  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 6 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City Washington State DC Zip Code 20002  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement Travel   | <table border="1"><tr><td>16.46</td></tr></table>  | 16.46 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 16.46 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | <table border="1"><tr><td>002</td></tr></table> Category/Type  | 002   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 002   |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       |  | <b>[MEMO ITEM]</b><br>Memo Entry   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>0.00</td></tr></table> | 0.00 |
| 0.00   |  |      |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>     |      |
|  |  |      |



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

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

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>PRIMO CAPPUCCINO</p> <p>Mailing Address Penn Station</p> <p>City NEW YORK State NY Zip Code 10119</p> <p>Purpose of Disbursement Travel</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-862991-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.86"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AMTRAK</p> <p>Mailing Address 60 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</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-862991-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.00"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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-862992</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="98.00"/></p> <p>See Attached Memo Entry</p>                 |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="98.00"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text" value=""/></p>      |

# 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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>USPS</p> <p>Mailing Address B-202 Longworth HOB</p> <p>City WASHINGTON State DC Zip Code 20515</p> <p>Purpose of Disbursement<br/>Generic Cmte. Postage/Delivery</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-862992-10000</p> <p>Date of Disbursement<br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>98.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement<br/>Generic Cmte. Postage/Delivery</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-862993</p> <p>Date of Disbursement<br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>98.00</p> <p>See Attached Memo Entry</p>                 |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>USPS</p> <p>Mailing Address B-202 Longworth HOB</p> <p>City WASHINGTON State DC Zip Code 20515</p> <p>Purpose of Disbursement<br/>Generic Cmte. Postage/Delivery</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-862993-10000</p> <p>Date of Disbursement<br/>04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>98.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

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

98.00

**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)

PAGE 403 / 551

|   |                              |                              |                              |                             |                              |
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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 Congressional Campaign Committee

|           |   |   |                          |
|-----------|---|---|--------------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement<br>Generic Cmte. Postage/Delivery<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862994<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>98.00<br><br>See Attached Memo Entry         | 001<br>Category/<br>Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>USPS<br><br>Mailing Address B-202 Longworth HOB<br><br>City WASHINGTON State DC Zip Code 20515<br><br>Purpose of Disbursement<br>Generic Cmte. Postage/Delivery<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB21B-862994-10000<br>Date of Disbursement<br>04 / 03 / 2009<br><br>Amount of Each Disbursement this Period<br>98.00<br><br>[MEMO ITEM]<br>Memo Entry | 001<br>Category/<br>Type |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement<br>Wire Services On Line Svcs.<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: SB21B-862995<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>10.27<br><br>See Attached Memo Entry         | 001<br>Category/<br>Type |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 108.27      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

**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 404 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BWI BOINGO WIRELESS</p> <p>Mailing Address 10960 Wilshire Boulevard</p> <p>City Los Angeles State CA Zip Code 90404</p> <p>Purpose of Disbursement Wire Services On Line Svcs.</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-862995-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.27"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies</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-862996</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="229.69"/></p> <p>See Attached Memo Entry</p>                |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>WWW.NEWEGG.COM</p> <p>Mailing Address 9997 E. Rose Hills Road</p> <p>City Whittier State CA Zip Code 90601</p> <p>Purpose of Disbursement Generic Cmte. Supplies</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-862996-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24.99"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</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)

PAGE 405 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>PROVANTAGE CORP   | Transaction ID: SB21B-862996-20000                       |
|    | Mailing Address 7249 Whipple Avenue NW   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|    | City North Canton State OH Zip Code 44720  | Amount of Each Disbursement this Period<br>182.71        |
|    | Purpose of Disbursement<br>Generic Cmte. Supplies  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>WWW.NEWEGG.COM  | Transaction ID: SB21B-862996-30000                       |
|    | Mailing Address 9997 E. Rose Hills Road  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|    | City Whittier State CA Zip Code 90601  | Amount of Each Disbursement this Period<br>21.99         |
|    | Purpose of Disbursement<br>Generic Cmte. Supplies  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB21B-862997                             |
|    | Mailing Address P.O. Box 53155   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 22 / 2009 |
|    | City Phoenix State AZ Zip Code 85072-3155  | Amount of Each Disbursement this Period<br>12.00         |
|    | Purpose of Disbursement<br>Travel  | 002<br>Category/<br>Type                                 |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | See Attached Memo Entry                                  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

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

12.00

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)

PAGE 406 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>UNION STATION PARKING</b></p> <p>Mailing Address 50 Massachusetts Ave NE</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862997-10000<br/><b>Date of Disbursement</b><br/>03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period<br/>12.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>Bank of America</b></p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862998<br/><b>Date of Disbursement</b><br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>49.95</p> <p>See Attached Memo Entry</p>                 |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>PLAXO</b></p> <p>Mailing Address 203 Ravendale Dr</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862998-10000<br/><b>Date of Disbursement</b><br/>03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period<br/>49.95</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

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

49.95

**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)

PAGE 407 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: SB21B-862999<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>8103.33<br><br>See Attached Memo Entry        |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>THE SOURCE<br><br>Mailing Address 575 Pennsylvania Ave, NW<br><br>City WASHINGTON State DC Zip Code 20004<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862999-10000<br>Date of Disbursement<br>03 / 09 / 2009<br><br>Amount of Each Disbursement this Period<br>386.20<br><br>[MEMO ITEM]<br>Memo Entry |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>THE SOURCE<br><br>Mailing Address 575 Pennsylvania Ave, NW<br><br>City WASHINGTON State DC Zip Code 20004<br>Purpose of Disbursement Travel<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-862999-20000<br>Date of Disbursement<br>03 / 09 / 2009<br><br>Amount of Each Disbursement this Period<br>52.00<br><br>[MEMO ITEM]<br>Memo Entry  |

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

8103.33

**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)

PAGE 408 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>NATIONAL DEMOCRATIC CLUB</b></p> <p>Mailing Address 30 Ivy St SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862999-30000<br/><b>Date of Disbursement</b><br/>03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>62.50</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>USAIRWAYS</b></p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862999-40000<br/><b>Date of Disbursement</b><br/>03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>850.20</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>USAIRWAYS</b></p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862999-50000<br/><b>Date of Disbursement</b><br/>03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>25.00</p> <p><b>[MEMO ITEM]</b><br/>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)

PAGE 409 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>DELTA AIR</b></p> <p>Mailing Address 2 Capitol Sq SW</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</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-862999-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="339.60"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>LOGAN TAVERN</b></p> <p>Mailing Address 1423 P St NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</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-862999-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="61.70"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>LOEWS HOTELS THE REGENCY</b></p> <p>Mailing Address 540 Park Ave</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</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-862999-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="437.15"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</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)

PAGE 410 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Ave</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</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-862999-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.85"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>    |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>LOEWS HOTELS THE REGENCY</p> <p>Mailing Address 540 Park Ave</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</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-862999-100000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1286.49"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>USAIRWAYS</p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</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-862999-110000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-510.60"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

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

**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 Congressional Campaign Committee

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AWEA</p> <p>Mailing Address 1501 M St NW # 1000</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</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-862999-120000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AWEA</p> <p>Mailing Address 1501 M St NW # 1000</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</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-862999-130000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 1500.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1500.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AMERICAN AIR</p> <p>Mailing Address 3800 N Mingo Rd</p> <p>City Tulsa State OK Zip Code 74063</p> <p>Purpose of Disbursement Travel</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-862999-140000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">304.20</td> </tr> </table> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 3 |  | 2 | 0 | 0 | 9 | 304.20  |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 3   |   | 2 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 304.20   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

**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)

PAGE 413 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>USAIRWAYS</p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</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-862999-180000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">717.60</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>USAIRWAYS</p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</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-862999-190000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">25.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AMERICAN AIR</p> <p>Mailing Address 3800 N Mingo Rd</p> <p>City Tulsa State OK Zip Code 74063</p> <p>Purpose of Disbursement Travel</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-862999-200000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">659.60</p> <p><b>[MEMO ITEM]</b><br/>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)

PAGE 414 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>DELTA AIR</p> <p>Mailing Address 2 Capitol Sq SW</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</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-862999-210000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">458.60</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>DELTA AIR</p> <p>Mailing Address 2 Capitol Sq SW</p> <p>City ATLANTA State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</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-862999-220000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">20.00</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>TAJ HOTELS INTERNATIONAL</p> <p>Mailing Address 15 Arlington Stree</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</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-862999-230000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">257.51</p> <p><b>[MEMO ITEM]</b><br/>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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TAJ HOTELS INTERNATIONAL</p> <p>Mailing Address 15 Arlington Street</p> <p>City BOSTON State MA Zip Code 02116</p> <p>Purpose of Disbursement Travel</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-862999-240000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="257.51"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>USAIRWAYS</p> <p>Mailing Address 201 E Jefferson St</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</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-862999-250000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-717.60"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>701/801 PENNSYLVANIA AVE</p> <p>Mailing Address 701 Pennsylvania Ave, NW</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel</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-862999-260000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>   |

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

**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 416 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Brennan Bilberry</p> <p>Mailing Address 511 G St. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement<br/>Generic Cmte. Research Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863000</p> <p>Date of Disbursement<br/>04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>73.92</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Lila Rose</p> <p>Mailing Address 1531 North Pierce Street #811</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement<br/>Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863002</p> <p>Date of Disbursement<br/>04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>30.90</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Lila Rose</p> <p>Mailing Address 1531 North Pierce Street #811</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement<br/>Telephones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863003</p> <p>Date of Disbursement<br/>04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>180.00</p> |

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

284.82

**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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Lila Rose</p> <hr/> <p>Mailing Address 1531 North Pierce Street<br/>#811</p> <hr/> <p>City Arlington State VA Zip Code 22209</p> <hr/> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-863004</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="14.27"/></p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Todd Schulte</p> <hr/> <p>Mailing Address 631 D Street, NW Apt. 230</p> <hr/> <p>City Washington State DC Zip Code 20004</p> <hr/> <p>Purpose of Disbursement Telephones</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-863005</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="155.54"/></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Todd Schulte</p> <hr/> <p>Mailing Address 631 D Street, NW Apt. 230</p> <hr/> <p>City Washington State DC Zip Code 20004</p> <hr/> <p>Purpose of Disbursement Per Diem</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> SB21B-863007</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="600.00"/></p> |

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

**769.81**

**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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Kelly &amp; Associates Insurance Group, Inc.</p> <p>Mailing Address P.O. Box 630283</p> <p>City Baltimore State MD Zip Code 21263</p> <p>Purpose of Disbursement<br/>Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862781</p> <p>Date of Disbursement<br/>04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>45.60</p>    |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Kelly &amp; Associates Insurance Group, Inc.</p> <p>Mailing Address P.O. Box 630283</p> <p>City Baltimore State MD Zip Code 21263</p> <p>Purpose of Disbursement<br/>Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-862782</p> <p>Date of Disbursement<br/>04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period<br/>33605.61</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Blue State Digital, LLC</p> <p>Mailing Address 734 15th Street, NW Suite 1200</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Generic Cmte. OnLine Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863009</p> <p>Date of Disbursement<br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>20550.00</p> |

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

54201.21

**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)

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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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Marissa Halat</p> <p>Mailing Address 156 Newbury Road</p> <p>City Howell State NJ Zip Code 07731</p> <p>Purpose of Disbursement Travel</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-863010</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.00"/></p>    |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Sisk Mailing Service</p> <p>Mailing Address 203 Log Canoe Circle</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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-863012</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="88000.00"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>4C Partners, LLC</p> <p>Mailing Address 1415 Rhode Island Ave., NW #316</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Strategic Political Services</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-863013</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20000.00"/></p> |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="108048.00"/> |
| <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 420 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Earl L. Ashton</p> <p>Mailing Address 6924 9th Street NW</p> <p>City Washington State DC Zip Code 20012</p> <p>Purpose of Disbursement Travel<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863014<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>59.00</p> <p>Category/Type<br/>002</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AT &amp; T</p> <p>Mailing Address P.O. Box 13148</p> <p>City Newark State NJ Zip Code 07101-5648</p> <p>Purpose of Disbursement Computer Services<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863015<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3032.54</p> <p>Category/Type</p>       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Berliner Photography, LLC</p> <p>Mailing Address PO Box 480066</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863016<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1050.00</p> <p>Category/Type</p>       |

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

4141.54

**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)

PAGE 421 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Russ Campbell Photography<br><hr/> Mailing Address 1 Charles Street<br><hr/> City Maynard State MA Zip Code 01754<br><hr/> Purpose of Disbursement<br>Generic Cmte. Events/Meetings<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB21B-863017<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>475.00   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Terri New<br><hr/> Mailing Address 11740 San Vicente Blvd<br>Suite 204<br><hr/> City Los Angeles State CA Zip Code 90049<br><hr/> Purpose of Disbursement<br>Generic Cmte. Fundraising Svcs<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-863018<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>10000.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>David L. Andrukitis, Inc.<br><hr/> Mailing Address 50 E Street, SE<br><hr/> City Washington State DC Zip Code 20003<br><hr/> Purpose of Disbursement<br>Generic Cmte. Printing<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB21B-863019<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>266.49   |

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

10741.49

**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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>David L. Andrukitis, Inc.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863020</p> <p>Date of Disbursement<br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>148.05</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>David L. Andrukitis, Inc.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863021</p> <p>Date of Disbursement<br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>218.90</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>David L. Andrukitis, Inc.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863022</p> <p>Date of Disbursement<br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>401.32</p> |

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

768.27

**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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>David L. Andrukitis, Inc.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863023</p> <p>Date of Disbursement<br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>292.93</p> <p>Category/Type</p>         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Diana Fassbender</p> <p>Mailing Address 1629 Columbia Rd NW Apt 630</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement<br/>Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863024</p> <p>Date of Disbursement<br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>159.45</p> <p>Category/Type<br/>002</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Susan Gage Caterers, Inc.</p> <p>Mailing Address 7411 Livingston Road</p> <p>City Oxon Hill State MD Zip Code 20745</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863025</p> <p>Date of Disbursement<br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>7007.96</p> <p>Category/Type</p>        |

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

7460.34

**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)

PAGE 424 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Amie Kershner   | Transaction ID: SB21B-863026<br>Date of Disbursement<br>04 / 24 / 2009 |
|    | Mailing Address 3114 E Baltimore   | Amount of Each Disbursement this Period<br>62.72                       |
|    | City Baltimore State MD Zip Code 21224   |  |
|    | Purpose of Disbursement<br>Generic Cmte. Catering  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Melissa Kurek   | Transaction ID: SB21B-863027<br>Date of Disbursement<br>04 / 24 / 2009 |
|    | Mailing Address 1741 U St NW Apt 1   | Amount of Each Disbursement this Period<br>57.00                       |
|    | City Washington State DC Zip Code 20009  |  |
|    | Purpose of Disbursement<br>Travel  | 002<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Bradley Pollock   | Transaction ID: SB21B-863028<br>Date of Disbursement<br>04 / 24 / 2009 |
|    | Mailing Address 612 N Oxford St  | Amount of Each Disbursement this Period<br>77.55                       |
|    | City Arlington State VA Zip Code 22203   |  |
|    | Purpose of Disbursement<br>Generic Cmte. Research Materials  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

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

197.27

**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)

PAGE 425 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Verizon Wireless<br><hr/> Mailing Address PO Box 25505<br><hr/> City Lehigh Valley State PA Zip Code 18002-5505<br><hr/> Purpose of Disbursement Wireless Service<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863029<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>648.28   |
|  | <input type="text" value="001"/><br>Category/<br>Type   |
|  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Verizon<br><hr/> Mailing Address P.O. Box 660720<br><hr/> City Dallas State TX Zip Code 75266<br><hr/> Purpose of Disbursement Telephones<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                         | <b>Transaction ID:</b> SB21B-863030<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>31.86  |
|  | <input type="text" value="001"/><br>Category/<br>Type   |
|  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Jonathan S Vogel<br><hr/> Mailing Address 1239 Duncan Place, NE<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement Travel<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | <b>Transaction ID:</b> SB21B-863031<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>27.00  |
|  | <input type="text" value="002"/><br>Category/<br>Type   |
|  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <input type="text" value="707.14"/> |
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Jonathan S Vogel</p> <p>Mailing Address 1239 Duncan Place, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</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-863032</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="56.50"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Jonathan S Vogel</p> <p>Mailing Address 1239 Duncan Place, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Telephones</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-863033</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="96.45"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Louisa Whitney</p> <p>Mailing Address 1701 16th St., NW Apt. 721</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel</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-863034</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.40"/></p> |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="180.35"/> |
| <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 427 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |   |  |
|-----------|--|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Brian L Wolff<br><hr/> Mailing Address 1443 Q Street, NW<br><hr/> City Washington State DC Zip Code 20009<br>Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                           | <b>Transaction ID:</b> SB21B-863035<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>20.00   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Voter Activation Network<br><hr/> Mailing Address 48 Grove Street Suite 202<br><hr/> City Somerville State MA Zip Code 02144<br>Purpose of Disbursement Subscriptions<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863036<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>1500.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Lisa Presta<br><hr/> Mailing Address 2337 16th Ave.<br><hr/> City San Francisco State CA Zip Code 94116<br>Purpose of Disbursement Generic Cmte. Events/Meetings<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      | <b>Transaction ID:</b> SB21B-863037<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>525.00  |

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

2045.00

**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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Milly C Velez-Cooper</p> <p>Mailing Address 1682 Cedar Hollow Way</p> <p>City Reston State VA Zip Code 20194</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>  | <p><b>Transaction ID:</b> SB21B-863038</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="92.29"/></p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Nirali Amin</p> <p>Mailing Address 614 Walden Way</p> <p>City Lumberton State NJ Zip Code 08048</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                  | <p><b>Transaction ID:</b> SB21B-863042</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2524.62"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Beth Barefoot</p> <p>Mailing Address 815 Maryland Ave NE Apt. 205</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB21B-863043</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3632.40"/></p> |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="6249.31"/> |
| <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 Congressional Campaign Committee

|    |   |  |  |
|----|---|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Emily Elizabeth Charlap<br>Mailing Address 719 D Street, NE Apt. 105<br>City Washington State DC Zip Code 20002<br>Purpose of Disbursement Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-863044<br>Date of Disbursement<br>04 / 24 / 2009 | Amount of Each Disbursement this Period<br>2576.39 |
| B. | Full Name (Last, First, Middle Initial)<br>Jacqueline M Forte-Mackay<br>Mailing Address 7511 Jaffrey Road<br>City Fort Washington State MD Zip Code 20744<br>Purpose of Disbursement Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  | Transaction ID: SB21B-863046<br>Date of Disbursement<br>04 / 24 / 2009 | Amount of Each Disbursement this Period<br>7235.07 |
| C. | Full Name (Last, First, Middle Initial)<br>Amanda Kohn<br>Mailing Address 7746 Wolford Way<br>City Lorton State VA Zip Code 22079<br>Purpose of Disbursement Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                          | Transaction ID: SB21B-863047<br>Date of Disbursement<br>04 / 24 / 2009 | Amount of Each Disbursement this Period<br>3104.18 |

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

12915.64

**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 Congressional Campaign Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Kristie Mark<br><hr/> Mailing Address 2226 Decatur Place, NW<br><hr/> City Washington State DC Zip Code 20008<br>Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼             | Transaction ID: SB21B-863048<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9                             |
|  | Amount of Each Disbursement this Period<br>6847.54   |
|  | Category/Type<br>001   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Glynis L Mason<br><hr/> Mailing Address 1807 D Dewitt Avenue<br><hr/> City Alexandria State VA Zip Code 22301<br>Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼             | Transaction ID: SB21B-863049<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9                             |
|  | Amount of Each Disbursement this Period<br>4103.79   |
|  | Category/Type<br>001   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Wilma J Simms<br><hr/> Mailing Address 11644 Lockwood Dr.<br>Apt. 204<br><hr/> City Silver Spring State MD Zip Code 20904<br>Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-863050<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9                             |
|  | Amount of Each Disbursement this Period<br>2189.18   |
|  | Category/Type<br>001   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

13140.51

**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 Congressional Campaign Committee

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Milly C Velez-Cooper<br><hr/> Mailing Address 1682 Cedar Hollow Way<br><hr/> City Reston State VA Zip Code 20194<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: SB21B-863051<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9                                |
|   | Amount of Each Disbursement this Period<br>3450.32  |
|   | Category/Type<br>001  |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>William Ermini<br><hr/> Mailing Address 2006 Oswald Place<br><hr/> City Falls Church State VA Zip Code 20043<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB21B-863052<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9                                |
|   | Amount of Each Disbursement this Period<br>2898.41  |
|   | Category/Type<br>001  |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>David Winston<br><hr/> Mailing Address 4141 N. Henderson Rd.<br>Apt. 1213<br><hr/> City Arlington State VA Zip Code 22203<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-863054<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9                                |
|   | Amount of Each Disbursement this Period<br>5290.31  |
|   | Category/Type<br>001  |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

11639.04

**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)

PAGE 432 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Brandon English</p> <p>Mailing Address 1201 S. Courthouse Road<br/>#829</p> <p>City Arlington State VA Zip Code 22204</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-863055<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3203.89</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Jason Rosenbaum</p> <p>Mailing Address 912 F St., NW #503</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID:</b> SB21B-863057<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>420.49</p> <p>001<br/>Category/<br/>Type</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Taryn Rosenkranz</p> <p>Mailing Address 2234 Observatory Place NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> SB21B-863058<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5429.74</p> <p>001<br/>Category/<br/>Type</p> |

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

9054.12

**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)

PAGE 433 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |  |   |
|-----------|--|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Taryn Rosenkranz<br><hr/> Mailing Address 2234 Observatory Place NW<br><hr/> City Washington State DC Zip Code 20007<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863059<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>1471.25  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Lila Rose<br><hr/> Mailing Address 1531 North Pierce Street #811<br><hr/> City Arlington State VA Zip Code 22209<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼     | <b>Transaction ID:</b> SB21B-863061<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>3225.48  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Jonathan S Vogel<br><hr/> Mailing Address 1239 Duncan Place, NE<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼     | <b>Transaction ID:</b> SB21B-863062<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>11009.43 |

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

15706.16

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 434 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |   |   |
|-----------|--|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Brian L Wolff<br><hr/> Mailing Address 1443 Q Street, NW<br><hr/> City Washington State DC Zip Code 20009<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | <b>Transaction ID:</b> SB21B-863063<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>10565.54 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Beverly Gilyard<br><hr/> Mailing Address 2530 Hunters Square Court<br><hr/> City Reston State VA Zip Code 20191<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | <b>Transaction ID:</b> SB21B-863064<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>7184.26  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Adam Goldberg<br><hr/> Mailing Address 8504 16th Street, Apt. 201<br><hr/> City Silver Spring State MD Zip Code 20910<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863065<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>2615.74  |

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

20365.54

**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)

PAGE 435 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Robert Mook   | Transaction ID: SB21B-863068<br>Date of Disbursement<br>04 / 24 / 2009   |
|    | Mailing Address 1305 P Street, NW Apt. 1   | Amount of Each Disbursement this Period<br>7807.74   |
|    | City Washington State DC Zip Code 20005  |  |
|    | Purpose of Disbursement Payroll<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Jennifer Pihlaja  | Transaction ID: SB21B-863070<br>Date of Disbursement<br>04 / 24 / 2009   |
|    | Mailing Address 3300 16th St NW #1015  | Amount of Each Disbursement this Period<br>7608.81   |
|    | City Washington State DC Zip Code 20010  |  |
|    | Purpose of Disbursement Payroll<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Bret Wask   | Transaction ID: SB21B-863071<br>Date of Disbursement<br>04 / 24 / 2009   |
|    | Mailing Address 224 Gretna Green Court   | Amount of Each Disbursement this Period<br>5666.47   |
|    | City Alexandria State VA Zip Code 22304  |  |
|    | Purpose of Disbursement Payroll<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | 21083.02 |
| <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 436 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Trevor Willett</p> <p>Mailing Address 715 G St. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</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-863072</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2399.09"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Brennan Bilberry</p> <p>Mailing Address 511 G St. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</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-863073</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3171.16"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Adam Broder</p> <p>Mailing Address 3118 Mt. Pleasant St. NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll</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-863074</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2757.59"/></p> |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="8327.84"/> |
| <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)

PAGE 437 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Nicole Landset</p> <p>Mailing Address 1826 15th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863075</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="5381.91"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Christine Lombardi</p> <p>Mailing Address 1436 E Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863076</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2677.45"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Heather McHugh</p> <p>Mailing Address 2130 P Street NW Apt.603</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863077</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4926.11"/></p> |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="12985.47"/> |
| <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 438 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Kevin McKeon<br><br>Mailing Address 408 15th St., SE<br>Unit B<br><br>City Washington State DC Zip Code 20003<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | <b>Transaction ID:</b> SB21B-863078<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>3695.78 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Kelly Polce<br><br>Mailing Address 1725 New Hampshire Ave., NW<br>Apt #303<br><br>City Washington State DC Zip Code 20009<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863079<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>2230.65 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bradley Pollock<br><br>Mailing Address 612 N Oxford St<br><br>City Arlington State VA Zip Code 22203<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                      | <b>Transaction ID:</b> SB21B-863080<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>2847.94 |

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

**8774.37**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Gabrielle Adler   | Transaction ID: SB21B-863081<br>Date of Disbursement<br>04 / 24 / 2009  |
|    | Mailing Address 2939 Van Ness Street, NW<br>Apt. 809   | Amount of Each Disbursement this Period<br>3642.64  |
|    | City Washington State DC Zip Code 20008  |   |
|    | Purpose of Disbursement Payroll<br>Candidate Name  | 001<br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Stephen Carter  | Transaction ID: SB21B-863082<br>Date of Disbursement<br>04 / 24 / 2009  |
|    | Mailing Address 1207 Constitution Ave., NE   | Amount of Each Disbursement this Period<br>2219.84  |
|    | City Washington State DC Zip Code 20002  |   |
|    | Purpose of Disbursement Payroll<br>Candidate Name  | 001<br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Jennifer Crider   | Transaction ID: SB21B-863083<br>Date of Disbursement<br>04 / 24 / 2009  |
|    | Mailing Address 3634 Gunston Road  | Amount of Each Disbursement this Period<br>7171.93  |
|    | City Alexandria State VA Zip Code 22303  |   |
|    | Purpose of Disbursement Payroll<br>Candidate Name  | 001<br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>13034.41</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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Christopher Fitzgerald</p> <p>Mailing Address 2630 Adams Mill Road, NW<br/>Apt. 308</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-863084<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1368.64</p> <p>001<br/>Category/Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Ryan Rudominer</p> <p>Mailing Address 1320 N. Veitech Street<br/>Apt. 1201</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> SB21B-863085<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4705.92</p> <p>001<br/>Category/Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Jessica Santillo</p> <p>Mailing Address 2122 Massachusetts Avenue, NW<br/>Apt. 832</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB21B-863086<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3803.91</p> <p>001<br/>Category/Type</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9878.47

**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)

PAGE 441 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Shirpal Shah</p> <p>Mailing Address 1734 P Street, NW<br/>Apt. 24</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-863087<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3765.40</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Steven Silver</p> <p>Mailing Address 4409 4TH Road North<br/>#2</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> SB21B-863088<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4055.71</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Andrew Stone</p> <p>Mailing Address 1002 O Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> SB21B-863089<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3915.05</p> <p>001<br/>Category/<br/>Type</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11736.16

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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 Congressional Campaign Committee

|           |   |  |  |
|-----------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Douglass Thornell<br><br>Mailing Address 1844 Columbia Rd., NW #306<br><br>City Washington State DC Zip Code 20009<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      | <b>Transaction ID:</b> SB21B-863090<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>1050.75 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Stephanie Young<br><br>Mailing Address 910 M Street, NW #616<br><br>City Washington State DC Zip Code 20001<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼             | <b>Transaction ID:</b> SB21B-863091<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>2860.61 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Carmela Clendening<br><br>Mailing Address 1390 Kenyon Street, NW Apt.404<br><br>City Washington State DC Zip Code 20010<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863092<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>2123.94 |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>6035.30</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 443 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Tiffany Deinzer<br><br>Mailing Address 664 Lexington Place, NE<br><br>City Washington State DC Zip Code 20002<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863093<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>1581.83 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Daniel O'brien<br><br>Mailing Address 1734 T Street, NW Unit 1<br><br>City Washington State DC Zip Code 20009<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863094<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>3596.24 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Yates Baroody<br><br>Mailing Address 2 Terrace Court, NE<br><br>City Washington State DC Zip Code 20002<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | <b>Transaction ID:</b> SB21B-863096<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>3029.78 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8207.85

**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)

PAGE 444 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Lindsay Brown<br><br>Mailing Address 1112 M Street NW<br>Apt. 1012<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | <b>Transaction ID:</b> SB21B-863099<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>2576.39 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Diana Fassbender<br><br>Mailing Address 1629 Columbia Rd NW<br>Apt 630<br><br>City Washington State DC Zip Code 20009<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863100<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>4207.17 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Rachel Fischetti<br><br>Mailing Address 2827 28th St., NW #30<br><br>City Washington State DC Zip Code 20008<br><br>Purpose of Disbursement Payroll<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | <b>Transaction ID:</b> SB21B-863101<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>3603.67 |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>10387.23</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 445 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Rachel Fischetti<br>Mailing Address 2827 28th St., NW #30<br>City Washington State DC Zip Code 20008<br>Purpose of Disbursement Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863102<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>882.75  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Melissa Kurek<br>Mailing Address 1741 U St NW Apt 1<br>City Washington State DC Zip Code 20009<br>Purpose of Disbursement Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       | <b>Transaction ID:</b> SB21B-863103<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>4382.77 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Melissa Kurek<br>Mailing Address 1741 U St NW Apt 1<br>City Washington State DC Zip Code 20009<br>Purpose of Disbursement Payroll<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       | <b>Transaction ID:</b> SB21B-863104<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>3531.00 |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>8796.52</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 Congressional Campaign Committee

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>Lindsey Melander  | Transaction ID: SB21B-863106<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 631 D Street, NW Apt. 230  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 4 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 4  |  | 2       | 4 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Washington State DC Zip Code 20004  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Payroll  | <table border="1"><tr><td>4750.61</td></tr></table>  | 4750.61 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 4750.61 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | <table border="1"><tr><td>001</td></tr></table> Category/Type  | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001     |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | 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)<br>Lindsey Melander  | Transaction ID: SB21B-863107<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 631 D Street, NW Apt. 230  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 4 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 4  |  | 2       | 4 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Washington State DC Zip Code 20004  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Payroll  | <table border="1"><tr><td>4119.50</td></tr></table>  | 4119.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 4119.50 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | <table border="1"><tr><td>001</td></tr></table> Category/Type  | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001     |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | 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)<br>Brian O'Donnell   | Transaction ID: SB21B-863108<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 3203 Latigo Court  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 4 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 4  |  | 2       | 4 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Oakton State VA Zip Code 22124  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Payroll  | <table border="1"><tr><td>1943.15</td></tr></table>  | 1943.15 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1943.15 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | <table border="1"><tr><td>001</td></tr></table> Category/Type  | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001     |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | 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:   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

**10813.26**

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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Brian O'Donnell</p> <p>Mailing Address 3203 Latigo Court</p> <p>City Oakton State VA Zip Code 22124</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863109</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="308.00"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Laura Rose</p> <p>Mailing Address 1722 19th Street, NW #703</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863110</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2118.71"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Amy Salomone</p> <p>Mailing Address 2568 University Place, N.W.<br/>Apt. 2</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863111</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="3453.70"/></p> |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="5880.41"/> |
| <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 448 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Amy Salomone</p> <p>Mailing Address 2568 University Place, N.W.<br/>Apt. 2</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-863112<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>882.75</p> <p>001<br/>Category/<br/>Type</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Kate Sullivan</p> <p>Mailing Address 1302 Massachusetts Ave., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> SB21B-863113<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1981.80</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Kate Sullivan</p> <p>Mailing Address 1302 Massachusetts Ave., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> SB21B-863114<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>306.75</p> <p>001<br/>Category/<br/>Type</p>  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3171.30</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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Amanda Swenson</p> <p>Mailing Address 4419 N. 4th Road<br/>Apt. 2</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B-863115<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3695.01</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Alexander Van Wagner</p> <p>Mailing Address 1339 Perry Place NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB21B-863116<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2203.83</p> <p>001<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Alexander Van Wagner</p> <p>Mailing Address 1339 Perry Place NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB21B-863117<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>306.75</p> <p>001<br/>Category/<br/>Type</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6205.59

**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 Congressional Campaign Committee

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>Louisa Whitney  | Transaction ID: SB21B-863118<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 1701 16th St., NW Apt. 721   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 4 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 4  |  | 2       | 4 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Washington State DC Zip Code 20009  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Payroll  | <table border="1"><tr><td>5977.29</td></tr></table>  | 5977.29 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 5977.29 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | <table border="1"><tr><td>001</td></tr></table> Category/Type  | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001     |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>Louisa Whitney  | Transaction ID: SB21B-863119<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 1701 16th St., NW Apt. 721   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 4 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 4  |  | 2       | 4 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Washington State DC Zip Code 20009  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Payroll  | <table border="1"><tr><td>4413.75</td></tr></table>  | 4413.75 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 4413.75 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | <table border="1"><tr><td>001</td></tr></table> Category/Type  | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001     |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>Johanna Berkson   | Transaction ID: SB21B-863120<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 7710 Woodmont Ave #805   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 |  | 2 | 4 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 4  |  | 2       | 4 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Bethesda State MD Zip Code 20814  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Payroll  | <table border="1"><tr><td>4026.53</td></tr></table>  | 4026.53 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 4026.53 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | <table border="1"><tr><td>001</td></tr></table> Category/Type  | 001     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 001     |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | <table border="1"><tr><td>14417.57</td></tr></table> | 14417.57 |
| 14417.57   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>         |          |
|  |  |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Lauren Dikis</p> <p>Mailing Address 3602 1/2 13th Street, NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll</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-863121</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4060.18"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Robert Fenity</p> <p>Mailing Address 2732 Ordway Street NW #6</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll</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-863122</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3351.03"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Brent Parrish</p> <p>Mailing Address 719 D. St. NE Apt. 301</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</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-863126</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1840.35"/></p> |

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|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="9251.56"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |

**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 452 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|           |   |   |  |
|-----------|---|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Todd Schulte<br><hr/> Mailing Address 631 D Street, NW Apt. 230<br><hr/> City Washington State DC Zip Code 20004<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | <b>Transaction ID:</b> SB21B-863127<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>3733.38 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Gregory Berlin<br><hr/> Mailing Address 310 South Carolina Ave., SE<br><hr/> City Washington State DC Zip Code 20003<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863128<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>1913.79 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Angela Guzman<br><hr/> Mailing Address 1309 N. Glebe Road<br><hr/> City Arlington State VA Zip Code 22207<br><hr/> Purpose of Disbursement Payroll<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | <b>Transaction ID:</b> SB21B-863129<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 9 | Amount of Each Disbursement this Period<br>4046.67 |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 9693.84 |
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Angela Guzman</p> <p>Mailing Address 1309 N. Glebe Road</p> <p>City Arlington State VA Zip Code 22207</p> <p>Purpose of Disbursement Payroll</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-863130</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1540.00"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>David Higa</p> <p>Mailing Address 801 North Monroe St. #407</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Payroll</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-863131</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2851.37"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Joseph Shafer</p> <p>Mailing Address 100 I Street, S.E. Apt. 603</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</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-863132</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4899.70"/></p> |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="9291.07"/> |
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Marlon Marshall</p> <p>Mailing Address 127 U Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</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-863133</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2792.04"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Robert Brennan</p> <p>Mailing Address 809 6th St., NW Apt 35</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll</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-863008</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>George Connelly</p> <p>Mailing Address 113 1/2 Tennessee Ave, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</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-863045</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2253.24"/></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)

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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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Brent Kimmel</p> <p>Mailing Address 304 2nd St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</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-863053</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3765.40"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Matthew Kehres</p> <p>Mailing Address 2800 Quebec St., NW Apt. 1213</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll</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-863056</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2860.61"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Casey Redmon</p> <p>Mailing Address 623 4th Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</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-863060</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2050.34"/></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)

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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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Ari Schoenholtz</p> <p>Mailing Address 7125 Fairfax Road</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863066</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1479.82"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Travis Lowe</p> <p>Mailing Address 70 I Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863067</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6127.33"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Kathleen Nee</p> <p>Mailing Address 407 A Street, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863069</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4871.76"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</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)

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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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Jessica Aune</p> <p>Mailing Address 138A North Carolina Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863095</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2522.00"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Robert Brennan</p> <p>Mailing Address 809 6th St., NW Apt 35</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863097</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1931.76"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Robert Brennan</p> <p>Mailing Address 809 6th St., NW Apt 35</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll</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><b>Transaction ID:</b> SB21B-863098</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="882.75"/></p>  |

|  |                                      |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="5336.51"/> |
| <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)

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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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Evan McMillan</p> <p>Mailing Address 1536 32nd Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Payroll</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-863105</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1304.99"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Krista Haagenstad</p> <p>Mailing Address 1001 South Carolina Ave., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</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-863123</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2156.86"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Amie Kershner</p> <p>Mailing Address 3114 E Baltimore</p> <p>City Baltimore State MD Zip Code 21224</p> <p>Purpose of Disbursement Payroll</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-863124</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5543.97"/></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)

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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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Gina M. Natale</p> <p>Mailing Address 27 3rd Street, NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863125<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1496.05</p> <p>001<br/>Category/Type</p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863135<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>140512.69</p> <p>001<br/>Category/Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863151<br/><b>Date of Disbursement</b><br/>04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period<br/>36449.53</p> <p>001<br/>Category/Type</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

178458.27

**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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes</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-863136</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="435.95"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes</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-863137</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1517.76"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Print Mail Communications</p> <p>Mailing Address 7201 Lockport Place</p> <p>City Lorton State VA Zip Code 22079</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</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-863152</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2735.81"/></p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="4689.52"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |

# 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 461 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>American List Counsel, Inc.</p> <p>Mailing Address P.O. Box 32189</p> <p>City Hartford State CT Zip Code 06150-2189</p> <p>Purpose of Disbursement<br/>Generic Cmte. List Exchange</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863153<br/><b>Date of Disbursement</b><br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>45380.31</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>American List Counsel, Inc.</p> <p>Mailing Address P.O. Box 32189</p> <p>City Hartford State CT Zip Code 06150-2189</p> <p>Purpose of Disbursement<br/>Generic Cmte. List Exchange</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863154<br/><b>Date of Disbursement</b><br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>512.01</p>   |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>American List Counsel, Inc.</p> <p>Mailing Address P.O. Box 32189</p> <p>City Hartford State CT Zip Code 06150-2189</p> <p>Purpose of Disbursement<br/>Generic Cmte. List Exchange</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863155<br/><b>Date of Disbursement</b><br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>154.38</p>   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

46046.70

**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)

PAGE 462 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>American List Counsel, Inc.</p> <p>Mailing Address P.O. Box 32189</p> <p>City Hartford State CT Zip Code 06150-2189</p> <p>Purpose of Disbursement<br/>Generic Cmte. List Exchange</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863156<br/><b>Date of Disbursement</b><br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>420.06</p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Care2.com, Inc.</p> <p>Mailing Address 275 Shoreline Dr #150</p> <p>City Redwood City State CA Zip Code 94065</p> <p>Purpose of Disbursement<br/>Generic Cmte. List Exchange</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863157<br/><b>Date of Disbursement</b><br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>20750.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Data Direct, Inc.</p> <p>Mailing Address 181 Potomac Street<br/>PO Box 855</p> <p>City Harpers State WV Zip Code 25425</p> <p>Purpose of Disbursement<br/>Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863158<br/><b>Date of Disbursement</b><br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2594.00</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

23764.06

**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)

PAGE 463 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>The Data Center, Inc.   | Transaction ID: SB21B-863159<br>Date of Disbursement<br>04 / 30 / 2009   |
|    | Mailing Address 11200 Waples Mill Road Suite 100   | Amount of Each Disbursement this Period<br>14000.00  |
|    | City Fairfax State VA Zip Code 22030   |  |
|    | Purpose of Disbursement Computer Services  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>The Data Center, Inc.   | Transaction ID: SB21B-863160<br>Date of Disbursement<br>04 / 30 / 2009   |
|    | Mailing Address 11200 Waples Mill Road Suite 100   | Amount of Each Disbursement this Period<br>615.00  |
|    | City Fairfax State VA Zip Code 22030   |  |
|    | Purpose of Disbursement Computer Services  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Integrated Direct Marketing, LLC  | Transaction ID: SB21B-863161<br>Date of Disbursement<br>04 / 30 / 2009   |
|    | Mailing Address 1250 Connecticut Avenue, NW Suite 200  | Amount of Each Disbursement this Period<br>42371.52  |
|    | City Washington State DC Zip Code 20036  |  |
|    | Purpose of Disbursement Generic Cmte. Fundraising Svcs   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>56986.52</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 464 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Merkle Response Services, Inc.  | Transaction ID: SB21B-863162   |
|    | Mailing Address 100 Jamison Court  | Date of Disbursement<br>04 / 30 / 2009   |
|    | City Hagerstown State MD Zip Code 21740  | Amount of Each Disbursement this Period<br>15242.47  |
|    | Purpose of Disbursement Computer Services  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Merkle Response Services, Inc.  | Transaction ID: SB21B-863163   |
|    | Mailing Address 100 Jamison Court  | Date of Disbursement<br>04 / 30 / 2009   |
|    | City Hagerstown State MD Zip Code 21740  | Amount of Each Disbursement this Period<br>238.73  |
|    | Purpose of Disbursement Generic Cmte. Postage/Delivery   | Category/Type<br>001   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>The Production Advantage Inc.   | Transaction ID: SB21B-863164   |
|    | Mailing Address 14120 Sullyfield Cir., Suite C   | Date of Disbursement<br>04 / 30 / 2009   |
|    | City Chantilly State VA Zip Code 20151   | Amount of Each Disbursement this Period<br>44720.77  |
|    | Purpose of Disbursement Generic Cmte. Printing   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **60201.97**

**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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863165</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3038.70</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863166</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>32458.87</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863167</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>8920.08</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

44417.65

**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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863168</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1588.56</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863169</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>43108.05</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863170</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2389.60</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

47086.21

**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)

PAGE 467 / 551

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863171</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>880.09</p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863172</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>15046.28</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863173</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

17426.37

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863174<br/><b>Date of Disbursement</b><br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>7345.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>The Production Advantage Inc.</p> <p>Mailing Address 14120 Sullyfield Cir., Suite C</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863175<br/><b>Date of Disbursement</b><br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>750.00</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Share Group, Inc.</p> <p>Mailing Address PO Box 55183</p> <p>City Boston State MA Zip Code 02205-5183</p> <p>Purpose of Disbursement<br/>Generic Cmte. Telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863176<br/><b>Date of Disbursement</b><br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5062.77</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

13157.77

**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 Congressional Campaign Committee

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Share Group, Inc.<br><hr/> Mailing Address PO Box 55183<br><hr/> City Boston State MA Zip Code 02205-5183<br><hr/> Purpose of Disbursement<br>Generic Cmte. Telemarketing<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-863177<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9                                |
|  | Amount of Each Disbursement this Period<br>638.93   |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Share Group, Inc.<br><hr/> Mailing Address PO Box 55183<br><hr/> City Boston State MA Zip Code 02205-5183<br><hr/> Purpose of Disbursement<br>Generic Cmte. Telemarketing<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B-863178<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9                                |
|  | Amount of Each Disbursement this Period<br>333.90   |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Triplex -A Donnelley Company<br><hr/> Mailing Address PO Box 3603<br><hr/> City Omaha State NE Zip Code 68103<br><hr/> Purpose of Disbursement<br>Computer Services<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: SB21B-863179<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9                                |
|  | Amount of Each Disbursement this Period<br>3462.24  |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**4435.07**

**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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Triplex -A Donnelley Company  | Transaction ID: SB21B-863180<br>Date of Disbursement   |
|    | Mailing Address PO Box 3603  | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City Omaha State NE Zip Code 68103   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Generic Cmte. Telemarketing   | <input type="text" value="331.03"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Telefund, Inc.  | Transaction ID: SB21B-863181<br>Date of Disbursement   |
|    | Mailing Address Attention: Nicole Lane<br>P.O. Box 2366  | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City Denver State CO Zip Code 80201-2366   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Generic Cmte. Telemarketing   | <input type="text" value="2037.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Telefund, Inc.  | Transaction ID: SB21B-863182<br>Date of Disbursement   |
|    | Mailing Address Attention: Nicole Lane<br>P.O. Box 2366  | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City Denver State CO Zip Code 80201-2366   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Generic Cmte. Telemarketing   | <input type="text" value="18240.85"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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="20608.88"/> |
| <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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Commonwealth Digital Office Solutions</p> <p>Mailing Address 21205 Ridgetop Circle</p> <p>City Sterling State VA Zip Code 20166-6501</p> <p>Purpose of Disbursement Copying</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863183</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>297.31</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Commonwealth Digital Office Solutions</p> <p>Mailing Address 21205 Ridgetop Circle</p> <p>City Sterling State VA Zip Code 20166-6501</p> <p>Purpose of Disbursement Copying</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863184</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>349.79</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Commonwealth Digital Office Solutions</p> <p>Mailing Address 21205 Ridgetop Circle</p> <p>City Sterling State VA Zip Code 20166-6501</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863185</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>11.30</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

658.40

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>David L. Andrukitis, Inc.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Generic Cmte. Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863186</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>526.64</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>David L. Andrukitis, Inc.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863187</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>88.83</p>   |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Max Ultimate Food, Inc.</p> <p>Mailing Address 101 Hampden Street</p> <p>City Boston State MA Zip Code 02119</p> <p>Purpose of Disbursement<br/>Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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-863188</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3139.19</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3754.66

**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 Congressional Campaign Committee

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Red Sage/Spy City Catering<br><hr/> Mailing Address 1319 F Street, NW<br>Suite 808<br><hr/> City Washington State DC Zip Code 20004<br><hr/> Purpose of Disbursement<br>Generic Cmte. Catering<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863189<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>460.94 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Red Sage/Spy City Catering<br><hr/> Mailing Address 1319 F Street, NW<br>Suite 808<br><hr/> City Washington State DC Zip Code 20004<br><hr/> Purpose of Disbursement<br>Generic Cmte. Catering<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863190<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>102.44 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Red Sage/Spy City Catering<br><hr/> Mailing Address 1319 F Street, NW<br>Suite 808<br><hr/> City Washington State DC Zip Code 20004<br><hr/> Purpose of Disbursement<br>Generic Cmte. Catering<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB21B-863191<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>460.94 |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1024.32</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 Congressional Campaign Committee

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>City of Manchester<br><br>Mailing Address Office of the Mayor<br>One City Hall Plaza<br><br>City Manchester State NH Zip Code 03101<br><br>Purpose of Disbursement<br>Generic Cmte. Research Materials<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:  | Transaction ID: SB21B-863192<br>Date of Disbursement<br>04 / 30 / 2009<br><br>Amount of Each Disbursement this Period<br>749.50   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Bank of America, NA<br><br>Mailing Address 730 15th Street, NW<br><br>City Washington State DC Zip Code 20005<br><br>Purpose of Disbursement<br>Interest<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:  | Transaction ID: SB21B-863195<br>Date of Disbursement<br>04 / 30 / 2009<br><br>Amount of Each Disbursement this Period<br>23084.77 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee<br><br>Mailing Address 430 S Capitol Street, SE<br><br>City Washington State DC Zip Code 20003<br><br>Purpose of Disbursement<br>Offset for In-House Contributions<br><br>Candidate Name<br>Democratic Congressional Campaign Committee<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB21B-863535<br>Date of Disbursement<br>04 / 30 / 2009<br><br>Amount of Each Disbursement this Period<br>-620.01  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

23214.26

**TOTAL** This Period (last page this line number only) ..... ►

1682931.72

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |  |                              |                              |                             |                              |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Democratic Congressional Campaign Committee

|    |   |  |                   |  |  |
|----|---|--|-------------------|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>New York State Democratic Cmte   |  |                   | Transaction ID: SB22-862568                              |  |
|    | Mailing Address<br>461 Park Avenue South<br>10th Floor  |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 03 / 2009 |  |
|    | City<br>New York  | State<br>NY  | Zip Code<br>10016 | Amount of Each Disbursement this Period<br>4520.00       |  |
|    | Purpose of Disbursement<br>Transfer   |  | Category/<br>Type |  |  |
|    | Candidate Name<br>New York State Democratic Cmte  |  |                   |  |  |
|    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |  |  |
|    | State:  | District:  |                   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 4520.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 4520.00 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Bobby Neal Bright, Sr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AL District: 02</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862622</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.34</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>R. Parker Griffith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AL District: 05</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> SB23-862623</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AZ District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB23-862624</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... **526.04**

**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)

PAGE 477 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Harry Mitchell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AZ District: 05</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> SB23-862625</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AZ District: 08</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862626</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 11</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> SB23-862627</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Catering by Avalon, Inc.   | Transaction ID: SB23-862628<br>Date of Disbursement  |
|    | Mailing Address 109 Clermont Avenue   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>  |
|    | City Alexandria State VA Zip Code 22304   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Catering  | <input type="text" value="175.35"/>  |
|    | Candidate Name Elizabeth Markey   | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CO District: 04 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>Catering by Avalon, Inc.   | Transaction ID: SB23-862629<br>Date of Disbursement  |
|    | Mailing Address 109 Clermont Avenue   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>  |
|    | City Alexandria State VA Zip Code 22304   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Catering  | <input type="text" value="175.35"/>  |
|    | Candidate Name Jim Himes  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 04 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>Catering by Avalon, Inc.   | Transaction ID: SB23-862630<br>Date of Disbursement  |
|    | Mailing Address 109 Clermont Avenue   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>  |
|    | City Alexandria State VA Zip Code 22304   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Catering  | <input type="text" value="175.35"/>  |
|    | Candidate Name Alan Mark Grayson  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 08 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

**526.05**

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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: FL District: 24</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB23-862631</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Leonard Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IA District: 03</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> SB23-862632</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.34</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Walter Clifford Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: ID District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862633</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.04

**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)

PAGE 480 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Deborah Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 11</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862634</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>William G. Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 14</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862635</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IN District: 09</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB23-862636</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Frank Kratovil</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MD District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB23-862637</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Mark Hamilton Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MI District: 07</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862638</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MI District: 09</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> SB23-862639</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

**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)

PAGE 482 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

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| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Travis W. Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MS District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862640</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NC District: 08</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> SB23-862641</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Carol Shea-Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NH District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB23-862642</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

526.05

**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)

PAGE 483 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
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| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NJ District: 03</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> SB23-862643</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.34</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NM District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862644</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Harry Teague</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NM District: 02</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> SB23-862645</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.04

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

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| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NV District: 03</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> SB23-862646</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Michael E McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 13</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB23-862647</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Mike Angelo Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 24</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862648</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.34</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.04

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Daniel Benjamin Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 25</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862649</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 29</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> SB23-862650</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Steven Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB23-862651</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

**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)

PAGE 486 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Mary Jo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 15</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB23-862652</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>John A Boccieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 16</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862653</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.34</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OR District: 05</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> SB23-862654</p> <p>Date of Disbursement<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.04

**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)

PAGE 487 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Kathleen A. Dahlkemper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 03</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB23-862655</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Christopher Paul Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 10</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862656</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement<br/>Catering</p> <p>Candidate Name<br/>Ciro D. Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District: 23</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB23-862657</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>175.35</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

526.05

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

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| A. | Full Name (Last, First, Middle Initial)<br>Catering by Avalon, Inc.   | Transaction ID: SB23-862658<br>Date of Disbursement  |
|    | Mailing Address 109 Clermont Avenue   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>  |
|    | City Alexandria State VA Zip Code 22304   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Catering  | <input type="text" value="175.35"/>  |
|    | Candidate Name Glenn Carlyle Nye, III   | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 02 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>Catering by Avalon, Inc.   | Transaction ID: SB23-862659<br>Date of Disbursement  |
|    | Mailing Address 109 Clermont Avenue   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>  |
|    | City Alexandria State VA Zip Code 22304   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Catering  | <input type="text" value="175.35"/>  |
|    | Candidate Name Thomas Stuart Price Perriello  | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 05 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>Catering by Avalon, Inc.   | Transaction ID: SB23-862660<br>Date of Disbursement  |
|    | Mailing Address 109 Clermont Avenue   | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>  |
|    | City Alexandria State VA Zip Code 22304   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Catering  | <input type="text" value="175.35"/>  |
|    | Candidate Name Gerry Connolly   | Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 11 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="526.05"/> |
| <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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
Catering by Avalon, Inc.

Transaction ID: SB23-862661  
Date of Disbursement

Mailing Address 109 Clermont Avenue

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 8 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
Alexandria VA 22304

Amount of Each Disbursement this Period

Purpose of Disbursement  
Catering

|  |
|--|
|  |
|--|

|        |
|--------|
| 175.35 |
|--------|

Candidate Name  
Steve L Kagen

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

B.

Full Name (Last, First, Middle Initial)  
Bank of America

Transaction ID: SB23-862944  
Date of Disbursement

Mailing Address P.O. Box 53155

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 2 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
Phoenix AZ 85072-3155

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising Events/Meetings

|  |
|--|
|  |
|--|

|       |
|-------|
| 21.58 |
|-------|

Candidate Name  
Bobby Neal Bright, Sr.

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AL District: 02

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)  
SCHNEIDER'S

Transaction ID: SB23-862944-10000  
Date of Disbursement

Mailing Address 300 Massachusetts Ave, NE

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 6 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
WASHINGTON DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising Events/Meetings

|  |
|--|
|  |
|--|

|       |
|-------|
| 21.58 |
|-------|

Candidate Name  
Bobby Neal Bright, Sr.

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AL District: 02

[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ..... ▶

|        |
|--------|
| 196.93 |
|--------|

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)

PAGE 490 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name R. Parker Griffith<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AL District: 05<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB23-862945<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>See Attached Memo Entry         |
| B. | Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS<br><br>Mailing Address 404 1st Street, SE<br><br>City WASHINGTON State DC Zip Code 20003<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name R. Parker Griffith<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AL District: 05<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862945-10000<br>Date of Disbursement<br>03 / 25 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>[MEMO ITEM]<br>Memo Entry |
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Ann Kirkpatrick<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: SB23-862946<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>See Attached Memo Entry         |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 43.16 |
| <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 491 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Ann Kirkpatrick<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862946-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>Bank of America</b><br>Mailing Address P.O. Box 53155<br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Harry Mitchell<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 05<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862947<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58<br>See Attached Memo Entry                       |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>SCHNEIDER'S</b><br>Mailing Address 300 Massachusetts Ave, NE<br>City WASHINGTON State DC Zip Code 20002<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Harry Mitchell<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 05<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862947-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 21.58 |
| <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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862948<br>Date of Disbursement<br>04 / 22 / 2009  |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58   |
|    | City Phoenix State AZ Zip Code 85072-3155   |  |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type  |
|    | Candidate Name Gabrielle Giffords   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 08 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |   | See Attached Memo Entry  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS  | Transaction ID: SB23-862948-10000<br>Date of Disbursement<br>03 / 25 / 2009  |
|    | Mailing Address 404 1st Street, SE  | Amount of Each Disbursement this Period<br>21.58   |
|    | City WASHINGTON State DC Zip Code 20003   |  |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type  |
|    | Candidate Name Gabrielle Giffords   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 08 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |   | [MEMO ITEM]<br>Memo Entry  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862949<br>Date of Disbursement<br>04 / 22 / 2009  |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58   |
|    | City Phoenix State AZ Zip Code 85072-3155   |  |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type  |
|    | Candidate Name Jerry McNerney   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 11 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |   | See Attached Memo Entry  |

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|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 43.16 |
| <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 493 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SCHNEIDER'S   | Transaction ID: SB23-862949-10000                        |
|    | Mailing Address 300 Massachusetts Ave, NE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Jerry McNerney  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: CA District: 11   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB23-862950                              |
|    | Mailing Address P.O. Box 53155   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 22 / 2009 |
|    | City Phoenix State AZ Zip Code 85072-3155  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | See Attached Memo Entry                                  |
|    | Candidate Name Elizabeth Markey  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: CO District: 04   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>SCHNEIDER'S   | Transaction ID: SB23-862950-10000                        |
|    | Mailing Address 300 Massachusetts Ave, NE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Elizabeth Markey  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: CO District: 04   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 21.58 |
| <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 494 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br><hr/> Mailing Address P.O. Box 53155<br><hr/> City Phoenix State AZ Zip Code 85072-3155<br><hr/> Purpose of Disbursement<br>Fundraising Events/Meetings<br>Candidate Name<br>Jim Himes<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 04<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB23-862951<br>Date of Disbursement<br>04 / 22 / 2009       |
|  | Amount of Each Disbursement this Period<br>21.58                            |
|  | Category/<br>Type   |
|  | See Attached Memo Entry   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS<br><hr/> Mailing Address 404 1st Street, SE<br><hr/> City WASHINGTON State DC Zip Code 20003<br><hr/> Purpose of Disbursement<br>Fundraising Events/Meetings<br>Candidate Name<br>Jim Himes<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 04<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862951-10000<br>Date of Disbursement<br>03 / 25 / 2009 |
|  | Amount of Each Disbursement this Period<br>21.58                            |
|  | Category/<br>Type   |
|  | [MEMO ITEM]<br>Memo Entry   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br><hr/> Mailing Address P.O. Box 53155<br><hr/> City Phoenix State AZ Zip Code 85072-3155<br><hr/> Purpose of Disbursement<br>Fundraising Events/Meetings<br>Candidate Name<br>Alan Mark Grayson<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 08<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862952<br>Date of Disbursement<br>04 / 22 / 2009       |
|  | Amount of Each Disbursement this Period<br>21.58                            |
|  | Category/<br>Type   |
|  | See Attached Memo Entry   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 43.16 |
| <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 495 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Alan Mark Grayson<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 08<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862952-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>Bank of America</b><br>Mailing Address P.O. Box 53155<br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Suzanne Kosmas<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 24<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862953<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58<br>See Attached Memo Entry                       |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Suzanne Kosmas<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 24<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862953-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 21.58 |
| <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 496 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Leonard Boswell<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 03<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB23-862954<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>See Attached Memo Entry         |
| B. | Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS<br><br>Mailing Address 404 1st Street, SE<br><br>City WASHINGTON State DC Zip Code 20003<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Leonard Boswell<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 03<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862954-10000<br>Date of Disbursement<br>03 / 25 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>[MEMO ITEM]<br>Memo Entry |
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Walter Clifford Minnick<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862955<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>See Attached Memo Entry         |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>43.16</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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>SCHNEIDER'S</b>  | Transaction ID: SB23-862955-10000                        |
|    | Mailing Address 300 Massachusetts Ave, NE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Walter Clifford Minnick   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: ID District: 01   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>Bank of America</b>  | Transaction ID: SB23-862956                              |
|    | Mailing Address P.O. Box 53155   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 22 / 2009 |
|    | City Phoenix State AZ Zip Code 85072-3155  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | See Attached Memo Entry                                  |
|    | Candidate Name Deborah Halvorson   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: IL District: 11   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b>  | Transaction ID: SB23-862956-10000                        |
|    | Mailing Address 404 1st Street, SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 25 / 2009 |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Deborah Halvorson   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: IL District: 11   |  |

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|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 21.58 |
| <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 498 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name William G. Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 14</p>         | <p><b>Transaction ID:</b> SB23-862957</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.58"/></p> <p>See Attached Memo Entry</p>                 |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CONGRESSIONAL LIQUORS</p> <p>Mailing Address 404 1st Street, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name William G. Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 14</p> | <p><b>Transaction ID:</b> SB23-862957-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.58"/></p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 09</p>                | <p><b>Transaction ID:</b> SB23-862958</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.58"/></p> <p>See Attached Memo Entry</p>                 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**43.16**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 499 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Baron Hill<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 09<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862958-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>Bank of America</b><br>Mailing Address P.O. Box 53155<br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Frank Kratovil<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MD District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862959<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58<br>See Attached Memo Entry                       |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>SCHNEIDER'S</b><br>Mailing Address 300 Massachusetts Ave, NE<br>City WASHINGTON State DC Zip Code 20002<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Frank Kratovil<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MD District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862959-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 21.58 |
| <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 500 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862960<br>Date of Disbursement<br>04 / 22 / 2009  |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58   |
|    | City Phoenix State AZ Zip Code 85072-3155   |  |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type  |
|    | Candidate Name Mark Hamilton Schauer  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 07 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |   | See Attached Memo Entry  |

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|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>SCHNEIDER'S  | Transaction ID: SB23-862960-10000<br>Date of Disbursement<br>03 / 26 / 2009  |
|    | Mailing Address 300 Massachusetts Ave, NE   | Amount of Each Disbursement this Period<br>21.58   |
|    | City WASHINGTON State DC Zip Code 20002   |  |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type  |
|    | Candidate Name Mark Hamilton Schauer  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 07 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |   | [MEMO ITEM]<br>Memo Entry  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862961<br>Date of Disbursement<br>04 / 22 / 2009  |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58   |
|    | City Phoenix State AZ Zip Code 85072-3155   |  |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type  |
|    | Candidate Name Gary Peters  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 09 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    |   | See Attached Memo Entry  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 43.16 |
| <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 501 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>SCHNEIDER'S</b>  | Transaction ID: SB23-862961-10000                        |
|    | Mailing Address 300 Massachusetts Ave, NE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Gary Peters   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: MI District: 09   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>Bank of America</b>  | Transaction ID: SB23-862962                              |
|    | Mailing Address P.O. Box 53155   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 22 / 2009 |
|    | City Phoenix State AZ Zip Code 85072-3155  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | See Attached Memo Entry                                  |
|    | Candidate Name Travis W. Childers  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: MS District: 01   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b>  | Transaction ID: SB23-862962-10000                        |
|    | Mailing Address 404 1st Street, SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 25 / 2009 |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Travis W. Childers  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: MS District: 01   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 21.58 |
| <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 502 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NC District: 08</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> SB23-862963</p> <p>Date of Disbursement<br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>21.58</p> <p>See Attached Memo Entry</p>                 |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CONGRESSIONAL LIQUORS</p> <p>Mailing Address 404 1st Street, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NC District: 08</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862963-10000</p> <p>Date of Disbursement<br/>03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period<br/>21.58</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Carol Shea-Porter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NH District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> SB23-862964</p> <p>Date of Disbursement<br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>21.58</p> <p>See Attached Memo Entry</p>                 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

43.16

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 503 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Carol Shea-Porter<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NH District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862964-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>Bank of America</b><br>Mailing Address P.O. Box 53155<br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name John Adler<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 03<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862965<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58<br>See Attached Memo Entry                       |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name John Adler<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 03<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862965-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 21.58 |
| <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 504 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Martin Heinrich<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB23-862966<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>See Attached Memo Entry         |
| B. | Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS<br><br>Mailing Address 404 1st Street, SE<br><br>City WASHINGTON State DC Zip Code 20003<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Martin Heinrich<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862966-10000<br>Date of Disbursement<br>03 / 25 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>[MEMO ITEM]<br>Memo Entry |
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Harry Teague<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: 02<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: SB23-862967<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>See Attached Memo Entry         |

|  |       |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 43.16 |
| <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 505 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SCHNEIDER'S   | Transaction ID: SB23-862967-10000                        |
|    | Mailing Address 300 Massachusetts Ave, NE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Harry Teague  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: NM District: 02   |  |
| B. | Full Name (Last, First, Middle Initial)<br>Bank of America   | Transaction ID: SB23-862968                              |
|    | Mailing Address P.O. Box 53155   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 22 / 2009 |
|    | City Phoenix State AZ Zip Code 85072-3155  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | See Attached Memo Entry                                  |
|    | Candidate Name Dina Titus  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: NV District: 03   |  |
| C. | Full Name (Last, First, Middle Initial)<br>SCHNEIDER'S   | Transaction ID: SB23-862968-10000                        |
|    | Mailing Address 300 Massachusetts Ave, NE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings  | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Dina Titus  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                    |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: NV District: 03   |  |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

21.58

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)

PAGE 506 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862969<br>Date of Disbursement<br>04 / 22 / 2009  |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58   |
|    | City Phoenix State AZ Zip Code 85072-3155   |  |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type  |
|    | Candidate Name Michael E McMahon  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 13 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |   | See Attached Memo Entry  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>SCHNEIDER'S  | Transaction ID: SB23-862969-10000<br>Date of Disbursement<br>03 / 26 / 2009  |
|    | Mailing Address 300 Massachusetts Ave, NE   | Amount of Each Disbursement this Period<br>21.58   |
|    | City WASHINGTON State DC Zip Code 20002   |  |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type  |
|    | Candidate Name Michael E McMahon  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 13 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |   | [MEMO ITEM]<br>Memo Entry  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862970<br>Date of Disbursement<br>04 / 22 / 2009  |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58   |
|    | City Phoenix State AZ Zip Code 85072-3155   |  |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type  |
|    | Candidate Name Mike Angelo Arcuri   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 24 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |   | See Attached Memo Entry  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 43.16 |
| <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 507 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Mike Angelo Arcuri<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 24<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862970-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>Bank of America</b><br>Mailing Address P.O. Box 53155<br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Daniel Benjamin Maffei<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 25<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862971<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.70<br>See Attached Memo Entry                       |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Daniel Benjamin Maffei<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 25<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862971-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>20.51<br>[MEMO ITEM]<br>Memo Entry                           |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 21.70 |
| <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 508 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SCHNEIDER'S</p> <p>Mailing Address 300 Massachusetts Ave, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Daniel Benjamin Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-862971-20000</p> <p><b>Date of Disbursement</b><br/>MM / DD / YYYY<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1.19</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> SB23-862972</p> <p><b>Date of Disbursement</b><br/>MM / DD / YYYY<br/>04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period<br/>21.58</p> <p>See Attached Memo Entry</p>                 |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CONGRESSIONAL LIQUORS</p> <p>Mailing Address 404 1st Street, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraising Events/Meetings</p> <p>Candidate Name Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> SB23-862972-10000</p> <p><b>Date of Disbursement</b><br/>MM / DD / YYYY<br/>03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period<br/>21.58</p> <p><b>[MEMO ITEM]</b><br/>Memo Entry</p> |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 21.58 |
| <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 509 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Steven Driehaus<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: SB23-862973<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>See Attached Memo Entry         |
| B. | Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS<br><br>Mailing Address 404 1st Street, SE<br><br>City WASHINGTON State DC Zip Code 20003<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Steven Driehaus<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862973-10000<br>Date of Disbursement<br>03 / 25 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>[MEMO ITEM]<br>Memo Entry |
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America<br><br>Mailing Address P.O. Box 53155<br><br>City Phoenix State AZ Zip Code 85072-3155<br><br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Mary Jo Kilroy<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 15<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: SB23-862974<br>Date of Disbursement<br>04 / 22 / 2009<br><br>Amount of Each Disbursement this Period<br>21.58<br><br>See Attached Memo Entry         |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 43.16 |
| <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 510 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)  
CONGRESSIONAL LIQUORS

Mailing Address 404 1st Street, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Fundraising Events/Meetings

Candidate Name  
Mary Jo Kilroy

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Transaction ID: SB23-862974-10000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]  
Memo Entry

B.

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Fundraising Events/Meetings

Candidate Name  
John A Boccieri

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Transaction ID: SB23-862975  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)  
CONGRESSIONAL LIQUORS

Mailing Address 404 1st Street, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Fundraising Events/Meetings

Candidate Name  
John A Boccieri

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Transaction ID: SB23-862975-10000  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]  
Memo Entry

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)

PAGE 511 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862976<br>Date of Disbursement<br>04 / 22 / 2009 |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58                      |
|    | City Phoenix State AZ Zip Code 85072-3155   |   |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type   |
|    | Candidate Name Kurt Schrader  |   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: OR District: 05 | See Attached Memo Entry   |

|    |   |   |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial)<br>SCHNEIDER'S  | Transaction ID: SB23-862976-10000<br>Date of Disbursement<br>03 / 26 / 2009 |
|    | Mailing Address 300 Massachusetts Ave, NE   | Amount of Each Disbursement this Period<br>21.58                            |
|    | City WASHINGTON State DC Zip Code 20002   |   |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type   |
|    | Candidate Name Kurt Schrader  |   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: OR District: 05 | [MEMO ITEM]<br>Memo Entry   |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862977<br>Date of Disbursement<br>04 / 22 / 2009 |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58                      |
|    | City Phoenix State AZ Zip Code 85072-3155   |   |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type   |
|    | Candidate Name Kathleen A. Dahlkemper   |   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: PA District: 03 | See Attached Memo Entry   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 43.16 |
| <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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Kathleen A. Dahlkemper<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 03<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862977-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>Bank of America</b><br>Mailing Address P.O. Box 53155<br>City Phoenix State AZ Zip Code 85072-3155<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Christopher Paul Carney<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 10<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862978<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>21.58<br>See Attached Memo Entry                       |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>CONGRESSIONAL LIQUORS</b><br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Christopher Paul Carney<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 10<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862978-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                           |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 21.58 |
| <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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862979<br>Date of Disbursement<br>04 / 22 / 2009 |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58                      |
|    | City Phoenix State AZ Zip Code 85072-3155   |   |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type   |
|    | Candidate Name<br>Ciro D. Rodriguez   |   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: TX District: 23 | See Attached Memo Entry   |

|    |   |   |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial)<br>SCHNEIDER'S  | Transaction ID: SB23-862979-10000<br>Date of Disbursement<br>03 / 26 / 2009 |
|    | Mailing Address 300 Massachusetts Ave, NE   | Amount of Each Disbursement this Period<br>21.58                            |
|    | City WASHINGTON State DC Zip Code 20002   |   |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type   |
|    | Candidate Name<br>Ciro D. Rodriguez   |   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: TX District: 23 | [MEMO ITEM]<br>Memo Entry   |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br>Bank of America  | Transaction ID: SB23-862980<br>Date of Disbursement<br>04 / 22 / 2009 |
|    | Mailing Address P.O. Box 53155  | Amount of Each Disbursement this Period<br>21.58                      |
|    | City Phoenix State AZ Zip Code 85072-3155   |   |
|    | Purpose of Disbursement Fundraising Events/Meetings   | Category/Type   |
|    | Candidate Name<br>Glenn Carlyle Nye, III  |   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: VA District: 02 | See Attached Memo Entry   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 43.16 |
| <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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>SCHNEIDER'S</b>   | Transaction ID: SB23-862980-10000                        |
|    | Mailing Address 300 Massachusetts Ave, NE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City WASHINGTON State DC Zip Code 20002   | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings   | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Glenn Carlyle Nye, III   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 02 |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼        |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>Bank of America</b>   | Transaction ID: SB23-862981                              |
|    | Mailing Address P.O. Box 53155  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 22 / 2009 |
|    | City Phoenix State AZ Zip Code 85072-3155   | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings   | See Attached Memo Entry                                  |
|    | Candidate Name Thomas Stuart Price Perriello  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 05 |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼        |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>SCHNEIDER'S</b>   | Transaction ID: SB23-862981-10000                        |
|    | Mailing Address 300 Massachusetts Ave, NE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City WASHINGTON State DC Zip Code 20002   | Amount of Each Disbursement this Period<br>21.58         |
|    | Purpose of Disbursement Fundraising Events/Meetings   | [MEMO ITEM]<br>Memo Entry                                |
|    | Candidate Name Thomas Stuart Price Perriello  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 05 |  |
|    | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼        |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 21.58 |
| <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 515 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br><hr/> Mailing Address P.O. Box 53155<br><hr/> City Phoenix State AZ Zip Code 85072-3155<br><hr/> Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Gerry Connolly<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 11<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862982<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>21.58  |
|   | Category/Type   |
|   | See Attached Memo Entry   |
|   | [MEMO ITEM] Memo Entry  |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>SCHNEIDER'S<br><hr/> Mailing Address 300 Massachusetts Ave, NE<br><hr/> City WASHINGTON State DC Zip Code 20002<br><hr/> Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Gerry Connolly<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 11<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862982-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58  |
|  | Category/Type   |
|  | [MEMO ITEM] Memo Entry  |
|  | [MEMO ITEM] Memo Entry  |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Bank of America<br><hr/> Mailing Address P.O. Box 53155<br><hr/> City Phoenix State AZ Zip Code 85072-3155<br><hr/> Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Steve L Kagen<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 08<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862983<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>21.58  |
|  | Category/Type   |
|  | See Attached Memo Entry   |
|  | [MEMO ITEM] Memo Entry  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 43.16 |
| <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 516 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS<br>Mailing Address 404 1st Street, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement Fundraising Events/Meetings<br>Candidate Name Steve L Kagen<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 08<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-862983-10000<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 25 / 2009 |
|  | Amount of Each Disbursement this Period<br>21.58<br>[MEMO ITEM]<br>Memo Entry                      |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee<br>Mailing Address 430 S Capitol Street, SE<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement In-House Fundraising Services<br>Candidate Name Ann Kirkpatrick<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 01<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-863490<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 30 / 2009 |
|  | Amount of Each Disbursement this Period<br>19.72   |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee<br>Mailing Address 430 S Capitol Street, SE<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement In-House Fundraising Services<br>Candidate Name Harry Mitchell<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 05<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-863491<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 30 / 2009 |
|   | Amount of Each Disbursement this Period<br>9.68  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 29.40       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# 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 517 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Jerry McNerney

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 11

Transaction ID: SB23-863492

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

6.30

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Mike Honda

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Transaction ID: SB23-863493

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

8.57

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Linda Sanchez

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Transaction ID: SB23-863494

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

5.89

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

20.76

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Loretta Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 47</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> SB23-863495</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>7.43</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Elizabeth Markey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CO District: 04</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-863496</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>14.08</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>John B Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CT District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> SB23-863497</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>11.30</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**32.81**

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Joseph D Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CT District: 02</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> SB23-863498</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>6.56</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Christopher S Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CT District: 05</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> SB23-863499</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>7.02</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Debbie Wasserman Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: FL District: 20</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-863500</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>13.75</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

27.33

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
John Barrow

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Transaction ID: SB23-863501  
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

9.74

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Bruce Braley

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Transaction ID: SB23-863502  
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

10.01

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Melissa Bean

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Transaction ID: SB23-863503  
Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

5.50

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

25.25

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
William G. Foster

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 14

Transaction ID: SB23-863504

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

21.24

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Brad Ellsworth

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Transaction ID: SB23-863505

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

6.74

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Baron Hill

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Transaction ID: SB23-863506

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

9.71

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

37.69

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee  | Transaction ID: SB23-863507<br>Date of Disbursement<br>04 / 30 / 2009  |
|    | Mailing Address 430 S Capitol Street, SE  | Amount of Each Disbursement this Period<br>21.05   |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement In-House Fundraising Services   | Category/Type  |
|    | Candidate Name Charlie Melancon, Jr   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: LA District: 03 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee  | Transaction ID: SB23-863508<br>Date of Disbursement<br>04 / 30 / 2009  |
|    | Mailing Address 430 S Capitol Street, SE  | Amount of Each Disbursement this Period<br>17.60   |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement In-House Fundraising Services   | Category/Type  |
|    | Candidate Name Mark Hamilton Schauer  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 07 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee  | Transaction ID: SB23-863509<br>Date of Disbursement<br>04 / 30 / 2009  |
|    | Mailing Address 430 S Capitol Street, SE  | Amount of Each Disbursement this Period<br>37.62   |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement In-House Fundraising Services   | Category/Type  |
|    | Candidate Name Gary Peters  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 09 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 76.27 |
| <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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Travis W. Childers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MS District: 01</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-863510</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>19.21</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Donald Payne</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NJ District: 10</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB23-863511</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>6.10</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Harry Teague</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NM District: 02</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB23-863512</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>6.57</p>  |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>31.88</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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Dina Titus

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Transaction ID: SB23-863513

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

5.14

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Steve Israel

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Transaction ID: SB23-863514

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

13.69

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Jerrold L. Nadler

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 08

Transaction ID: SB23-863515

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

8.44

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

27.27

**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)

PAGE 525 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee  | Transaction ID: SB23-863516<br>Date of Disbursement<br>04 / 30 / 2009  |
|    | Mailing Address 430 S Capitol Street, SE  | Amount of Each Disbursement this Period<br>6.22  |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement In-House Fundraising Services   | Category/Type  |
|    | Candidate Name Michael E McMahon  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 13 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee  | Transaction ID: SB23-863517<br>Date of Disbursement<br>04 / 30 / 2009  |
|    | Mailing Address 430 S Capitol Street, SE  | Amount of Each Disbursement this Period<br>6.85  |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement In-House Fundraising Services   | Category/Type  |
|    | Candidate Name Carolyn Maloney  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 14 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee  | Transaction ID: SB23-863518<br>Date of Disbursement<br>04 / 30 / 2009  |
|    | Mailing Address 430 S Capitol Street, SE  | Amount of Each Disbursement this Period<br>81.10   |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement In-House Fundraising Services   | Category/Type  |
|    | Candidate Name Charles Rangel   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 15 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 94.17 |
| <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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee  | Transaction ID: SB23-863519<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 30 / 2009  |
|    | Mailing Address 430 S Capitol Street, SE  | Amount of Each Disbursement this Period<br>5.65  |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement In-House Fundraising Services   | Category/Type  |
|    | Candidate Name Nita Lowey   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 18 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee  | Transaction ID: SB23-863520<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 30 / 2009  |
|    | Mailing Address 430 S Capitol Street, SE  | Amount of Each Disbursement this Period<br>7.12  |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement In-House Fundraising Services   | Category/Type  |
|    | Candidate Name Mike Angelo Arcuri   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 24 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Democratic Congressional Campaign Committee  | Transaction ID: SB23-863521<br>Date of Disbursement<br>MM / DD / YYYY<br>04 / 30 / 2009  |
|    | Mailing Address 430 S Capitol Street, SE  | Amount of Each Disbursement this Period<br>19.44   |
|    | City Washington State DC Zip Code 20003   |  |
|    | Purpose of Disbursement In-House Fundraising Services   | Category/Type  |
|    | Candidate Name Daniel Benjamin Maffei   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 25 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **32.21**

**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)

PAGE 527 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 29</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB23-863522</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>18.72</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Mary Jo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 15</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> SB23-863523</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>21.16</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>John A Bocchieri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 16</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-863524</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>6.17</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

46.05

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Zachary Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 18</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB23-863525</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>9.69</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OR District: 05</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> SB23-863526</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>11.32</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>In-House Fundraising Services</p> <p>Candidate Name<br/>Joseph A Sestak, Jr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 07</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-863527</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>17.48</p> |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>38.49</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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Christopher Paul Carney

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Transaction ID: SB23-863528

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

24.53

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Jim Langevin

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Transaction ID: SB23-863529

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

5.50

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Ciro D. Rodriguez

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Transaction ID: SB23-863530

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

6.28

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

36.31

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Solomon Ortiz

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 27

Transaction ID: SB23-863531  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Henry Cuellar

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 28

Transaction ID: SB23-863532  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Rick Larsen

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WA District: 02

Transaction ID: SB23-863533  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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)

PAGE 531 / 551

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Steve L Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WI District: 08</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-863534</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period<br/>23.75</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Scott Murphy for Congress</p> <p>Mailing Address 615 Glen Street</p> <p>City Glens Falls State NY Zip Code 12801</p> <p>Purpose of Disbursement</p> <p>Candidate Name Scott H Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 20</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼<br/>Special</p>  | <p><b>Transaction ID:</b> D16311</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 1 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p><b>[MEMO ITEM]</b><br/>Earmarked by JOE-PAC Jobs-Opportunities &amp; Education PAC</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>New York Victory Protection Fu</p> <p>Mailing Address 1341 G Street, NW Suite 740</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name New York Victory Protection Fu</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District: 00</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼<br/>Special</p>                          | <p><b>Transaction ID:</b> D16315</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 4 / 1 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p><b>[MEMO ITEM]</b><br/>Earmarked by New Democrat Coalition PAC</p>                     |

|   |              |
|---|--------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p>23.75</p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |              |

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" 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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>New York Victory Protection Fu  | Transaction ID: D16314                                   |
|    | Mailing Address 1341 G Street, NW Suite 740  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 14 / 2009 |
|    | City Washington State DC Zip Code 20005  | Amount of Each Disbursement this Period<br>1000.00       |
|    | Purpose of Disbursement  | [MEMO ITEM]<br>Earmarked by Taking the Hill PAC          |
|    | Candidate Name<br>New York Victory Protection Fu   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>New York Victory Protection Fu  | Transaction ID: D16316   |
|    | Mailing Address 1341 G Street, NW Suite 740  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 15 / 2009                                     |
|    | City Washington State DC Zip Code 20005  | Amount of Each Disbursement this Period<br>5000.00   |
|    | Purpose of Disbursement  | [MEMO ITEM]<br>Earmarked by American Federation of Teachers Committee on Political Education |
|    | Candidate Name<br>New York Victory Protection Fu   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Scott Murphy for Congress  | Transaction ID: D16317   |
|    | Mailing Address 615 Glen Street   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 15 / 2009                                     |
|    | City Glens Falls State NY Zip Code 12801  | Amount of Each Disbursement this Period<br>5000.00   |
|    | Purpose of Disbursement   | [MEMO ITEM]<br>Earmarked by American Federation of Teachers Committee on Political Education |
|    | Candidate Name<br>Scott H Murphy  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 8497.28 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|                              |                              |                              |                              |                             |  |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|--|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input checked="" 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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Loan Repayment

Candidate Name  
Bank of America, NA

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB26-863196

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2009

Amount of Each Disbursement this Period

66666.67

B.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Loan Repayment

Candidate Name  
Bank of America, NA

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB26-863247

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2009

Amount of Each Disbursement this Period

600000.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

66666.67

TOTAL This Period (last page this line number only) ..... ►

66666.67

**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 534 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>John Crawford</p> <p>Mailing Address 2800 Clarendon Blvd.<br/>Apt. W613</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Contribution Refund<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB28A-862618<br/><b>Date of Disbursement</b><br/>04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period<br/>25.00</p> <p>010<br/>Category/<br/>Type</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mary Keating</p> <p>Mailing Address 9 Trillium Lane</p> <p>City Hilton Head Island State SC Zip Code 29926</p> <p>Purpose of Disbursement Contribution Refund<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> SB28A-862742<br/><b>Date of Disbursement</b><br/>04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period<br/>55.00</p> <p>010<br/>Category/<br/>Type</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Don Laclergue</p> <p>Mailing Address 22 Henry Pl</p> <p>City Millbrae State CA Zip Code 94030</p> <p>Purpose of Disbursement Contribution Refund<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> SB28A-862743<br/><b>Date of Disbursement</b><br/>04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period<br/>120.00</p> <p>010<br/>Category/<br/>Type</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

200.00

**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)

PAGE 535 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Karen Martin</p> <p>Mailing Address 700 Arbor Lane</p> <p>City Kennett Square State PA Zip Code 19348</p> <p>Purpose of Disbursement Contribution Refund</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><b>Transaction ID:</b> SB28A-863011</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Category/Type: <input type="text" value="010"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Thomas Bennigson</p> <p>Mailing Address 4100 Redwood Rd. Ste. 10</p> <p>City Oakland State CA Zip Code 94619-2363</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863204</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Category/Type: <input type="text"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Kirby Frank</p> <p>Mailing Address 715 Wildwood Place, N.E.</p> <p>City Atlanta State GA Zip Code 30324-4907</p> <p>Purpose of Disbursement Earmarked Contribution Refund</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><b>Transaction ID:</b> SB28A-863215</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>Category/Type: <input type="text"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="570.00"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

# 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 536 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Thomas Harvey<br><hr/> Mailing Address 14 Vasco Dr.<br><hr/> City Mill Valley State CA Zip Code 94941-1435<br><hr/> Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | <b>Transaction ID:</b> SB28A-863216<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>500.00  |
|   | Category/<br>Type  |
|   | State: District:   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Mel Hayden<br><hr/> Mailing Address 700 James St.<br><hr/> City Longmont State CO Zip Code 80501-6443<br><hr/> Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | <b>Transaction ID:</b> SB28A-863217<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>25.00   |
|   | Category/<br>Type  |
|   | State: District:   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>David Isaacson<br><hr/> Mailing Address 15 W. 81st St. 13A<br><hr/> City New York State NY Zip Code 10024-6022<br><hr/> Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB28A-863218<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>100.00  |
|   | Category/<br>Type  |
|   | State: District:   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 625.00 |
| <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)

PAGE 537 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Aaron Jensen</p> <p>Mailing Address 1427 Chapin Street, N.W.</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863219</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>50.00</p> <p>Category/Type</p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mark Levinger</p> <p>Mailing Address 1708 Marshall Ave.</p> <p>City St. Paul State MN Zip Code 55104-6114</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863220</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>30.00</p> <p>Category/Type</p>   |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Barry Lipman</p> <p>Mailing Address 3320 Jackson St.</p> <p>City San Francisco State CA Zip Code 94118</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863221</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2100.00</p> <p>Category/Type</p> |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2180.00 |
| <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)

PAGE 539 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Michael Mockovak<br><br>Mailing Address 15301 SE 80th St.<br><br>City Newcastle State WA Zip Code 98059-9243<br><br>Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: SB28A-863225<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>15.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>April Bowen<br><br>Mailing Address 615 Clifton St.<br><br>City Brush State CO Zip Code 80723-2207<br><br>Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | Transaction ID: SB28A-863205<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>50.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>David Patronella<br><br>Mailing Address 5002 Happy Hollow Street<br><br>City Houston State TX Zip Code 77018-1230<br><br>Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB28A-863226<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>20.00 |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 85.00       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**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 540 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

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| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>John Ratliff<br><hr/> Mailing Address 15305 Darrow Rd.<br><hr/> City Vermillion State OH Zip Code 44089-9608<br><hr/> Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB28A-863227<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>10.00   |
|  | Category/<br>Type  |
|  | Category/<br>Type  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Brian Regan<br><hr/> Mailing Address 211 W. 56th St.<br><hr/> City New York State NY Zip Code 10019-4327<br><hr/> Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB28A-863228<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>50.00   |
|  | Category/<br>Type  |
|  | Category/<br>Type  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Tim Rogers<br><hr/> Mailing Address 720 N. Person St.<br><hr/> City Raleigh State NC Zip Code 27604-1287<br><hr/> Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB28A-863229<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>25.00   |
|  | Category/<br>Type  |
|  | Category/<br>Type  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 85.00 |
| <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 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 checked="" 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 Congressional Campaign Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Jaimie Ross<br>Mailing Address 1104 Mor Bihan St.<br>City Tallahassee State FL Zip Code 32301-5725<br>Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB28A-863230<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>200.00<br>Category/Type                                 |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Carole Ryan<br>Mailing Address 717 Carlisle Way<br>City Sunnyvale State CA Zip Code 94087-3428<br>Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB28A-863231<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>20.00<br>Category/Type                                  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Paul Sawi<br>Mailing Address 2934 Avalon Ave.<br>City Berkeley State CA Zip Code 94705-1402<br>Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼        | Transaction ID: SB28A-863232<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>500.00<br>Category/Type                                 |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>720.00</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)

PAGE 542 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>John Scharffenberger<br><hr/> Mailing Address PO Box 550<br><hr/> City Philo State CA Zip Code 95466-0550<br>Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB28A-863233<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9                  |
|  | Amount of Each Disbursement this Period<br>250.00   |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Carl Shapiro<br><hr/> Mailing Address 19 Tolan Way<br><hr/> City Lafayette State CA Zip Code 94549-2723<br>Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Transaction ID:</b> SB28A-863234<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9                  |
|  | Amount of Each Disbursement this Period<br>500.00   |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Harry Sherr<br><hr/> Mailing Address 36 Old Farm Rd.<br><hr/> City Wellesley State MA Zip Code 02481-1443<br>Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB28A-863235<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9                  |
|  | Amount of Each Disbursement this Period<br>500.00   |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1250.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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 543 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Nelson Burstein<br><hr/> Mailing Address 14 Cedar Hill Rd.<br><hr/> City Dover State MA Zip Code 02030-1624<br><hr/> Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | <b>Transaction ID:</b> SB28A-863206<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>50.00   |
|  | Category/<br>Type  |
|  | Category/<br>Type  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Richard Silver<br><hr/> Mailing Address 1008 10th St.<br><hr/> City Sacramento State CA Zip Code 95814-3502<br><hr/> Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | <b>Transaction ID:</b> SB28A-863236<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>500.00  |
|  | Category/<br>Type  |
|  | Category/<br>Type  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Thomas Solomon<br><hr/> Mailing Address 1512 Eagle Ridge Rd., N.E.<br><hr/> City Albuquerque State NM Zip Code 87122-1155<br><hr/> Purpose of Disbursement<br>Earmarked Contribution Refund<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB28A-863237<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>50.00   |
|  | Category/<br>Type  |
|  | Category/<br>Type  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 600.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 544 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Kenneth Stokem  | Transaction ID: SB28A-863238<br>Date of Disbursement<br>04 / 30 / 2009   |
|    | Mailing Address 1001 Maple Hill Rd.  | Amount of Each Disbursement this Period<br>5.00  |
|    | City Castleton State WV Zip Code 12033-9657  |  |
|    | Purpose of Disbursement Earmarked Contribution Refund<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Robert Stuart   | Transaction ID: SB28A-863239<br>Date of Disbursement<br>04 / 30 / 2009   |
|    | Mailing Address 13149 Clairepointe Way   | Amount of Each Disbursement this Period<br>10.00   |
|    | City Oakland State CA Zip Code 94619-3505  |  |
|    | Purpose of Disbursement Earmarked Contribution Refund<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Gregory Urban   | Transaction ID: SB28A-863240<br>Date of Disbursement<br>04 / 30 / 2009   |
|    | Mailing Address 5304 Roy Ballard St.   | Amount of Each Disbursement this Period<br>25.00   |
|    | City Denver State NC Zip Code 28037-8720   |  |
|    | Purpose of Disbursement Earmarked Contribution Refund<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) .....      | 40.00 |
| <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)

PAGE 545 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Hal Varian</p> <p>Mailing Address 1198 Estates Dr.</p> <p>City Lafayette State CA Zip Code 94549-2749</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863241</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>200.00</p> <p>Category/Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Ronald Yoshiyama</p> <p>Mailing Address 2306 Cezanne Ct.</p> <p>City Davis State CA Zip Code 95618-0502</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863242</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>10.00</p> <p>Category/Type</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mark Carlton</p> <p>Mailing Address 10408 Alabama Circle</p> <p>City Bloomington State MN Zip Code 55438-1835</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863207</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>10.00</p> <p>Category/Type</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

220.00

**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)

PAGE 546 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Kelly Chapman</p> <p>Mailing Address 27600 Pacific Coast Hwy.</p> <p>City Malibu State CA Zip Code 90265-4340</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863208</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>250.00</p> <p>Category/Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Kelly Chapman</p> <p>Mailing Address 27600 Pacific Coast Hwy.</p> <p>City Malibu State CA Zip Code 90265-4340</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863209</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>250.00</p> <p>Category/Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Kelly Chapman</p> <p>Mailing Address 27600 Pacific Coast Hwy.</p> <p>City Malibu State CA Zip Code 90265-4340</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863210</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>250.00</p> <p>Category/Type</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

750.00

**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)

PAGE 547 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Gabriel Chin</p> <p>Mailing Address 7573 E. Placita de la Vina</p> <p>City Tucson State AZ Zip Code 85750-7250</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863211</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5.00</p> <p>Category/Type</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Cowan Charilyn</p> <p>Mailing Address 6440 Tucker Ave.</p> <p>City McLean State VA Zip Code 22101-5265</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863212</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>20.00</p> <p>Category/Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Brian Drygas</p> <p>Mailing Address 7033 Queenswood Ct.</p> <p>City San Jose State CA Zip Code 95120-3336</p> <p>Purpose of Disbursement<br/>Earmarked Contribution Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>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> SB28A-863213</p> <p>Date of Disbursement<br/>04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>10.00</p> <p>Category/Type</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

35.00

**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)

PAGE 548 / 551

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" 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 Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

David Duncan

Mailing Address 10553 W. Heceta Head Dr.

City State Zip Code  
Boise ID 83714-3658

Purpose of Disbursement  
Earmarked Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A-863214

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....



**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>Democratic Congressional Campaign Committee   |   |
| Has your committee been designated to make coordinated expenditures by a political party committee?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Full Name of Subordinate Committee<br>Democratic Congressional Campaign Committee                       |
| If YES, name the designating committee:<br>Democratic National Committee & New York State Democratic Cmte  | Mailing Address<br>430 South Capitol Street, SE 2nd Floor<br>City: Washington State: DC ZIP Code: 20003 |

|  |  |  |                           |
|--|--|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee<br>Daniel Gray |  | Purpose of Expenditure<br>Travel                   | 002<br>Category/Type      |
| Mailing Address<br>5774 Colonial Blvd                                |  | Date<br>M M / D D / Y Y Y Y<br>0 4 / 1 7 / 2 0 0 9 |                           |
| City<br>Willoughby   | State<br>OH  | ZIP Code<br>44094                                  | Amount<br>414.51          |
| Name of Federal Candidate Supported<br>H. Scott Murphy               | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> Presidential | State: NY<br>District: 20                          | Transaction ID: SF-862780 |
| Aggregate General Election Expenditure for this Candidate ▶          |  | 80609.67   |                           |

|  |  |                                  |  |
|--|--|----------------------------------|--|
| Full Name (Last, First, Middle Initial) of Each Payee<br>Bank of America |  | Purpose of Expenditure<br>Travel | 002<br>Category/Type                               |
| Mailing Address<br>P.O. Box 53155  |  | See Attached Memo Entry          |  |
| City<br>Phoenix  | State<br>AZ  | ZIP Code<br>85072-3155           | Date<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 9 |
| Name of Federal Candidate Supported<br>H. Scott Murphy                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> Presidential | State: NY<br>District: 20        | Amount<br>122.00                                   |
| Aggregate General Election Expenditure for this Candidate ▶              |  | 80609.67                         |  |

|   |  |                                  |  |
|---|--|----------------------------------|--|
| Full Name (Last, First, Middle Initial) of Each Payee<br>AMTRAK |  | Purpose of Expenditure<br>Travel | 002<br>Category/Type                               |
| Mailing Address<br>1 Raymond Plz W                              |  | Memo Entry                       |  |
| City<br>Newark  | State<br>NJ  | ZIP Code<br>07102                | Date<br>M M / D D / Y Y Y Y<br>0 3 / 1 6 / 2 0 0 9 |
| Name of Federal Candidate Supported<br>H. Scott Murphy          | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> Presidential | State: NY<br>District: 20        | Amount<br>122.00                                   |
| Aggregate General Election Expenditure for this Candidate ▶     |  | 0.00                             |  |

|  |   |               |
|--|---|---------------|
| <b>SUBTOTAL</b> of Expenditures This Page (optional) .....       | ▶ | <b>536.51</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |               |

