

# 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  
DEMOCRATS FOR EDUCATION REFORM

ADDRESS (number and street) 24 W. 46th Street Suite 4  
New York NY 10036  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00417733  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 06 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Joe Williams  
Signature of Treasurer Electronically Filed by Joe Williams Date 07 19 2010

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

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

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

Write or Type Committee Name  
DEMOCRATS FOR EDUCATION REFORM

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		31243.89
(b) Cash on Hand at Beginning of Reporting Period .....	2082.99	
(c) Total Receipts (from Line 19) .....	11615.00	21200.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	13697.99	52444.06
7. Total Disbursements (from Line 31) .....	6468.13	45214.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7229.86	7229.86
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
**DEMOCRATS FOR EDUCATION REFORM**

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5950.00	13450.00
(ii) Unitemized .....	5415.00	6040.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11365.00	19490.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11365.00	19490.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	250.00	1710.17
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	250.00	1710.17
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	11615.00	21200.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11365.00	19490.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	290.94	5117.35
(ii) Non-Federal Share.....	290.93	5117.33
(b) Other Federal Operating Expenditures.....	1886.26	17024.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2468.13	27259.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	12000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	5955.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6468.13	45214.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6177.20	40096.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 15

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11365.00	19490.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11365.00	19490.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2177.20	22141.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2177.20	22141.87

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

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

FOR LINE NUMBER: PAGE 6 / 15  
(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)  
**DEMOCRATS FOR EDUCATION REFORM**

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Evans

Mailing Address 2913 N Racine

City State Zip Code  
Chicago IL 60657

FEC ID number of contributing federal political committee. C

Name of Employer: New Voice Strategies      Occupation: CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2010  
**Transaction ID: SA11AI.5303**

Amount of Each Receipt this Period 600.00

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

Mailing Address 2913 N Racine

City State Zip Code  
Chicago IL 60657

FEC ID number of contributing federal political committee. C

Name of Employer: New Voice Strategies      Occupation: CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt 06 / 23 / 2010  
**Transaction ID: SA11AI.5406**

Amount of Each Receipt this Period 75.00

**C.** Full Name (Last, First, Middle Initial)  
John OBrien

Mailing Address 379 Third Street

City State Zip Code  
Brooklyn NY 11215

FEC ID number of contributing federal political committee. C

Name of Employer: Self employed      Occupation: Psychoanalyst

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2010  
**Transaction ID: SA11AI.5340**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 925.00

**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 7 / 15  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**DEMOCRATS FOR EDUCATION REFORM**

**A.** Full Name (Last, First, Middle Initial)  
 Scott Pearson  
 Mailing Address 2640 44th Street NW  
 City State Zip Code  
 Washington DC 20007  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2010  
**Transaction ID:** SA11AI.5306  
 Amount of Each Receipt this Period  
 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**B.** Full Name (Last, First, Middle Initial)  
 Scott Pearson  
 Mailing Address 2640 44th Street NW  
 City State Zip Code  
 Washington DC 20007  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 14 / 2010  
**Transaction ID:** SA11AI.5324  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5025.00  
 Transfer to Nonfederal Account July 2010

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5025.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5950.00</b>

**SCHEDULE 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)  
DEMOCRATS FOR EDUCATION REFORM

<p><b>A.</b> Full Name (Last, First, Middle Initial) Education Reform Now Advocacy</p> <p>Mailing Address 24 West 46th Street #4</p> <p>City New York State NY Zip Code 10036</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.5282</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>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">269.29</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0	269.29
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	4		2	0	1	0													
269.29																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles Barone</p> <p>Mailing Address 2 South Avolyn B</p> <p>City Ventnor City State NJ Zip Code 08406</p> <p>Purpose of Disbursement Salary</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.5282.1</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>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">122.35</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0	122.35
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	4		2	0	1	0													
122.35																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Education Reform Now Advocacy</p> <p>Mailing Address 24 West 46th Street #4</p> <p>City New York State NY Zip Code 10036</p> <p>Purpose of Disbursement Payroll Taxes &amp; Employee Benefits</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.5285</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>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">67.32</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	1	0	67.32
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	4		2	0	1	0													
67.32																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>336.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATS FOR EDUCATION REFORM

<b>A.</b> Full Name (Last, First, Middle Initial) Education Reform Now Advocacy Mailing Address 24 West 46th Street #4 City New York State NY Zip Code 10036 Purpose of Disbursement Payroll Taxes & Employee Benefits Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5286 Date of Disbursement 06 / 22 / 2010
	Amount of Each Disbursement this Period 217.30

<b>B.</b> Full Name (Last, First, Middle Initial) Education Reform Now Advocacy Mailing Address 24 West 46th Street #4 City New York State NY Zip Code 10036 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5287 Date of Disbursement 06 / 22 / 2010
	Amount of Each Disbursement this Period 869.22

<b>C.</b> Full Name (Last, First, Middle Initial) Joe Williams Mailing Address 24 W. 46th Street #4 City New York State NY Zip Code 10036 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5287.0 Date of Disbursement 06 / 22 / 2010
	Amount of Each Disbursement this Period 337.50  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1086.52
<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 10 / 15

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATS FOR EDUCATION REFORM

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brienne Bellavita</p> <p>Mailing Address 490 5th Avenue Apt. 4</p> <p>City Brooklyn State NY Zip Code 11215</p> <p>Purpose of Disbursement Salary</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.5287.1</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="440.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ron Tupa</p> <p>Mailing Address 5438 Glendale Gulch Creek</p> <p>City Boulder State CO Zip Code 80301</p> <p>Purpose of Disbursement Salary</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.5287.2</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="91.72"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Global Payment Inc.</p> <p>Mailing Address 4 Corporate Square</p> <p>City Atlanta State GA Zip Code 30329</p> <p>Purpose of Disbursement Credit Card 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.5268</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="51.64"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="51.64"/></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 11 / 15

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

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NAME OF COMMITTEE (In Full)  
DEMOCRATS FOR EDUCATION REFORM

A.

Full Name (Last, First, Middle Initial)  
True North Communications LLC

Transaction ID: SB21B.5275  
Date of Disbursement

Mailing Address 260 W. Exchange Street #105

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	0

City State Zip Code  
Providence RI 02903

Amount of Each Disbursement this Period

369.29
--------

Purpose of Disbursement  
Printing

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

369.29
--------

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

1844.06
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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 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)  
DEMOCRATS FOR EDUCATION REFORM

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address P.O. Box 5864

City State Zip Code  
Concord CA 94524

Purpose of Disbursement  
Contribution

Candidate Name  
GEORGE MILLER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Transaction ID: SB23.5277

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
JARED POLIS VICTORY FUND

Mailing Address PO BOX 1174

City State Zip Code  
SPRINGFIELD VA 22151

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.5278

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
PERRIELLO FOR CONGRESS

Mailing Address PO BOX 306

City State Zip Code  
IVY VA 22945

Purpose of Disbursement  
Contribution

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.5279

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
 DEMOCRATS FOR EDUCATION REFORM

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative     Generic Voter Drive     Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 DEMOCRATS FOR EDUCATION REFORM

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Democrats for Education Reform NYS	M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0	250.00

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	250.00	Transaction ID: H3.5292
<b>ii) Generic Voter Drive</b> .....		Transaction ID:
<b>iii) Exempt Activities</b> .....		Transaction ID:
<b>iv) Direct Fundraising</b> (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising .....		
<b>v) Direct Candidate Support</b> (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support .....		
<b>vi) Public Communications Referring Only to Party</b> (Made by PAC)		
		Transaction ID:

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	250.00
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred) .....	250.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
DEMOCRATS FOR EDUCATION REFORM

**A. Full Name (Last, First, Middle Initial)**  
Straus/Baker

Mailing Address  
928 Broadway #505

City	State	Zip Code
New York	NY	10010

Purpose of Disbursement:  
Office Rent

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
10152.81

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	0

Transaction ID: H4.5272

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
250.00		250.00		500.00

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

Mailing Address  
P.O. Box 15124

City	State	Zip Code
Albany	NY	12212

Purpose of Disbursement:  
Telephone

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:  
 Administrative    Fundraising    Exempt  
 Voter Drive    Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
10234.68

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	0

Transaction ID: H4.5274

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.94		40.93		81.87

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
290.94		290.93		581.87

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
290.94	290.93	581.87