

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 12 01 2009 through 12 31 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 ANDREW TOBIAS

Signature of Treasurer Electronically Filed by ANDREW TOBIAS Date 01 28 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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		0.00
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	607926.39									
(c) Total Receipts (from Line 19)	0.00	1166706.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	607926.39	1166706.62								
7. Total Disbursements (from Line 31)	261885.50	820665.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	346040.89	346040.89								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	1166706.62
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0.00	1166706.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	1166706.62

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	261885.50	813970.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	261885.50	813970.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	6695.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	261885.50	820665.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	261885.50	820665.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	261885.50	813970.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1166706.62
38. Net Operating Expenditures (subtract Line 37 from Line 36)	261885.50	-352735.89

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) CLARE CONROY	Transaction ID: SB21B-439
	Mailing Address 10541 S. BELL	Date of Disbursement MM / DD / YYYY 12 / 04 / 2009
	City CHICAGO State IL Zip Code 60643	Amount of Each Disbursement this Period 776.86
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SAMANTHA FINKE	Transaction ID: SB21B-440
	Mailing Address 703 BLAKE STREET	Date of Disbursement MM / DD / YYYY 12 / 04 / 2009
	City ELLSWORTH State KS Zip Code 67439	Amount of Each Disbursement this Period 653.15
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELI FLEET	Transaction ID: SB21B-441
	Mailing Address 501 12TH STREET, NW APT. 36	Date of Disbursement MM / DD / YYYY 12 / 04 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 514.95
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1944.96

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)

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

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

A.	Full Name (Last, First, Middle Initial) ELI FLEET	Transaction ID: SB21B-442 Date of Disbursement 12 / 04 / 2009
	Mailing Address 501 12TH STREET, NW APT. 36	Amount of Each Disbursement this Period 97.50
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVID GEAREY	Transaction ID: SB21B-443 Date of Disbursement 12 / 04 / 2009
	Mailing Address 2600 NETHERLAND AVENUE #3105	Amount of Each Disbursement this Period 519.44
	City BRONX State NY Zip Code 10463	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-444 Date of Disbursement 12 / 04 / 2009
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 488.00
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1104.94

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TYLER NORMAN	Transaction ID: SB21B-445 Date of Disbursement 12 / 04 / 2009
	Mailing Address 164 WAVERLY PLACE, #4B	Amount of Each Disbursement this Period 562.15
	City NEW YORK State NY Zip Code 10014	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IAN ROSE	Transaction ID: SB21B-446 Date of Disbursement 12 / 04 / 2009
	Mailing Address 147 D STREET, SE	Amount of Each Disbursement this Period 800.95
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JEFFREY GULKO	Transaction ID: SB21B-447 Date of Disbursement 12 / 04 / 2009
	Mailing Address 550 LIBERTY STREET, UNIT #1602	Amount of Each Disbursement this Period 27.67
	City BRAintree State MA Zip Code 02184	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1390.77
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)

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

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

A.	Full Name (Last, First, Middle Initial) ROBERT HILL	Transaction ID: SB21B-448 Date of Disbursement 12 / 04 / 2009
	Mailing Address 460 L STREET, NW UNIT 728	Amount of Each Disbursement this Period 128.07
	City WASHINGTON State DC Zip Code 20001-2563	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALI MERALI	Transaction ID: SB21B-449 Date of Disbursement 12 / 04 / 2009
	Mailing Address 3418 NEWARK STREET, NW	Amount of Each Disbursement this Period 32.00
	City WASHINGTON State DC Zip Code 20016	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) REID ROSENBERG	Transaction ID: SB21B-450 Date of Disbursement 12 / 04 / 2009
	Mailing Address 3701 MASSACHUSETTS AVENUE, NW #405	Amount of Each Disbursement this Period 24.54
	City WASHINGTON State DC Zip Code 20016	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	184.61
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ROBERT SCHMUCK</p> <p>Mailing Address 615 3RD STREET, NE #4</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-451 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 15.79</p>
<p>B. Full Name (Last, First, Middle Initial) Jane Campbell Spencer</p> <p>Mailing Address 120 6TH STREET, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-452 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 12.13</p>
<p>C. Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY</p> <p>Mailing Address P.O. BOX 27800</p> <p>City WASHINGTON State DC Zip Code 20038-7800</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-453 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 225.60</p>

SUBTOTAL of Disbursements This Page (optional)	253.52
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-454 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <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"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense Candidate Name	<input type="text" value="210.28"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEPARTMENT OF TREASURY	Transaction ID: SB21B-455 Date of Disbursement
	Mailing Address P.O. BOX 27800	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <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"/>
	City WASHINGTON State DC Zip Code 20038-7800	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense Candidate Name	<input type="text" value="127.53"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HEATHER ULLSVIK	Transaction ID: SB21B-456 Date of Disbursement
	Mailing Address 2513 NORTH STOWELL AVENUE #19	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <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"/>
	City MILWAUKEE State WI Zip Code 53211	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense Candidate Name	<input type="text" value="24.48"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="362.29"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BRIAN WILLIAMSON	Transaction ID: SB21B-457 Date of Disbursement 12 / 04 / 2009
	Mailing Address 4137 MANDAN CRESCENT	Amount of Each Disbursement this Period 22.44
	City MADISON State WI Zip Code 53711	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALAN BRAY	Transaction ID: SB21B-458 Date of Disbursement 12 / 04 / 2009
	Mailing Address 14 Q STREET, NE UNIT B	Amount of Each Disbursement this Period 528.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAROLINE COSCIA	Transaction ID: SB21B-459 Date of Disbursement 12 / 04 / 2009
	Mailing Address 3460 14TH STREET, NW APT. #102	Amount of Each Disbursement this Period 528.00
	City WASHINGTON State DC Zip Code 20010	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1078.44
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)

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

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

A.	Full Name (Last, First, Middle Initial) KRISTOPHER CURTIS	Transaction ID: SB21B-460 Date of Disbursement 12 / 04 / 2009
	Mailing Address 1520 WASHINGTON AVE., SUITE 71	Amount of Each Disbursement this Period 528.00
	City ST. LOUIS State MO Zip Code 63103	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROGER FISK	Transaction ID: SB21B-461 Date of Disbursement 12 / 04 / 2009
	Mailing Address 12 RANDOLPH PLACE, NW	Amount of Each Disbursement this Period 24.54
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVID GREELISH	Transaction ID: SB21B-462 Date of Disbursement 12 / 04 / 2009
	Mailing Address 69 GALEN STREET #5	Amount of Each Disbursement this Period 641.75
	City WATERTOWN State MA Zip Code 02472	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1194.29
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HORACIO GUTIERREZ	Transaction ID: SB21B-463 Date of Disbursement 12 / 04 / 2009
	Mailing Address 407 EAST 12TH STREET #1RSW	Amount of Each Disbursement this Period 33.14
	City NEW YORK State NY Zip Code 10009	
	Purpose of Disbursement Travel Expense	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BEN SHANNON	Transaction ID: SB21B-464 Date of Disbursement 12 / 04 / 2009
	Mailing Address 421 10TH STREET, NE	Amount of Each Disbursement this Period 528.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ASHLEY TATE-GILMORE	Transaction ID: SB21B-465 Date of Disbursement 12 / 04 / 2009
	Mailing Address 1364 CONSTITUTION AVE., NE #6	Amount of Each Disbursement this Period 528.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1089.14
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HEATHER ULLSVIK	Transaction ID: SB21B-466 Date of Disbursement
	Mailing Address 2513 NORTH STOWELL AVENUE #19	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City MILWAUKEE State WI Zip Code 53211	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<input type="text" value="528.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JESSICA YUEN	Transaction ID: SB21B-467 Date of Disbursement
	Mailing Address 1701 MASSACHUSETTS AVENUE, NW APT. 108	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="26.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AVIS RENT-A-CAR TOLLS	Transaction ID: SB21B-479 Date of Disbursement
	Mailing Address P.O. BOX 222209	<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City GREAT NECK State NY Zip Code 11022-2209	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="30.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="584.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FEC-PUBLIC RECORDS BRANCH	Transaction ID: SB21B-480 Date of Disbursement
	Mailing Address 999 E STREET, NW	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <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"/>
	City WASHINGTON State DC Zip Code 20463	Amount of Each Disbursement this Period
	Purpose of Disbursement Remittance of donations on behalf of Obama Victory Fund	<input type="text" value="52910.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADAM W. ABRAMS	Transaction ID: SB21B-481 Date of Disbursement
	Mailing Address 1019 South Carolina Ave. SE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <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"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="29.28"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GRANT CAMPBELL	Transaction ID: SB21B-482 Date of Disbursement
	Mailing Address 1300 N STREET, NW #105	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <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"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="29.28"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BEN FINKENBINDER	Transaction ID: SB21B-483
	Mailing Address 2853 Ontario Road, NW, Apt. 11	Date of Disbursement MM / DD / YYYY 12 / 08 / 2009
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period 29.28
	Purpose of Disbursement Travel Expense	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) MICHAEL-ANN HADERS	Transaction ID: SB21B-484
	Mailing Address 441 10TH STREET, NE	Date of Disbursement MM / DD / YYYY 12 / 08 / 2009
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period 132.42
	Purpose of Disbursement Travel Expense	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:	

C.	Full Name (Last, First, Middle Initial) KATIE HOGAN	Transaction ID: SB21B-485
	Mailing Address 1330 NEW HAMPSHIRE AVENUE, NW #424	Date of Disbursement MM / DD / YYYY 12 / 08 / 2009
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 29.28
	Purpose of Disbursement Travel Expense	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)	190.98
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) KEVIN LEWIS	Transaction ID: SB21B-486 Date of Disbursement 12 / 08 / 2009
	Mailing Address 480 16TH STREET, NW #739	Amount of Each Disbursement this Period 29.28
	City WASHINGTON State DC Zip Code 20009	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETER NEWELL	Transaction ID: SB21B-487 Date of Disbursement 12 / 08 / 2009
	Mailing Address 1301 M STREET, NW #327	Amount of Each Disbursement this Period 29.28
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement Travel Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARY OFFERMAN	Transaction ID: SB21B-488 Date of Disbursement 12 / 08 / 2009
	Mailing Address 200 10TH STREET, SE	Amount of Each Disbursement this Period 292.80
	City WASHINGTON State DC Zip Code 20003-2117	
	Purpose of Disbursement Travel & Subsistence Expense Reimb Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	351.36
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)

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

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

<p>A. Full Name (Last, First, Middle Initial) DAN RASKOV</p> <p>Mailing Address 316 SAN VICENTE BLVD.</p> <p>City SANTA MONICA State CA Zip Code 90402</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-489 Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 367.53</p>
<p>B. Full Name (Last, First, Middle Initial) NICHOLAS SCOTT SHAPIRO</p> <p>Mailing Address 2301 E STREET, NW APT # A701</p> <p>City WASHINGTON State DC Zip Code 20037</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-490 Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 29.28</p>
<p>C. Full Name (Last, First, Middle Initial) ASHLEY TATE-GILMORE</p> <p>Mailing Address 1364 CONSTITUTION AVE., NE #6</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-491 Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 136.64</p>

SUBTOTAL of Disbursements This Page (optional)	533.45
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)

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

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

A.	Full Name (Last, First, Middle Initial) ERIC COUTO	Transaction ID: SB21B-493 Date of Disbursement 12 / 14 / 2009
	Mailing Address 3925 N. DOWNER AVENUE	Amount of Each Disbursement this Period 331.84
	City SHOREWOOD State WI Zip Code 53211	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AIMEE DEWING	Transaction ID: SB21B-494 Date of Disbursement 12 / 14 / 2009
	Mailing Address 650 G STREET, NE	Amount of Each Disbursement this Period 345.57
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEVIN HAMPTON	Transaction ID: SB21B-495 Date of Disbursement 12 / 14 / 2009
	Mailing Address 2120 VERMONT AVENUE, NW #508	Amount of Each Disbursement this Period 27.49
	City WASHINGTON State DC Zip Code 20001	
	Purpose of Disbursement Travel Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	704.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MICHAEL HEGARTY	Transaction ID: SB21B-496 Date of Disbursement 12 / 14 / 2009
	Mailing Address 17315 N 27TH PLACE	Amount of Each Disbursement this Period 360.51
	City PHOENIX State AZ Zip Code 85032	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Steven Jacques	Transaction ID: SB21B-497 Date of Disbursement 12 / 14 / 2009
	Mailing Address 5350 CANTERBURY RD.	Amount of Each Disbursement this Period 336.96
	City FAIRWAY State KS Zip Code 66205	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GEORGE W. NICKEL	Transaction ID: SB21B-498 Date of Disbursement 12 / 14 / 2009
	Mailing Address 4724 North Van Ness Avenue	Amount of Each Disbursement this Period 405.17
	City Fresno State CA Zip Code 93704	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1102.64
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)

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

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

<p>A. Full Name (Last, First, Middle Initial) ADAM REISER</p> <p>Mailing Address 1501 HILLMOUNT STREET Apt B</p> <p>City AUSTIN State TX Zip Code 78704</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-499</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 369.93</p>
<p>B. Full Name (Last, First, Middle Initial) HEATHER ULLSVIK</p> <p>Mailing Address 2513 NORTH STOWELL AVENUE #19</p> <p>City MILWAUKEE State WI Zip Code 53211</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-500</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 388.88</p>
<p>C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Travel Agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-525</p> <p>Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 3712.62</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4471.43

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Travel Agency Service</p> <p>Mailing Address 3415 E Kiehl Ave</p> <p>City Little Rock State AR Zip Code 72205</p> <p>Purpose of Disbursement Travel Agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-525-10000 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 3545.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) EGENCIA TRAVEL, INC.</p> <p>Mailing Address 3150 139th Ave SE</p> <p>City BELLEVUE State WA Zip Code 98005</p> <p>Purpose of Disbursement Travel Agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-525-20000 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 167.62</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P O BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-526 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 52274.35</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	52274.35
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)

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

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

<p>A. Full Name (Last, First, Middle Initial) AirTran Airways</p> <p>Mailing Address 9955 AirTran Blvd.</p> <p>City Orlando State FL Zip Code 32827</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-526-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <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="538.20"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Alaska Airlines</p> <p>Mailing Address P.O. Box 24948</p> <p>City Seattle State WA Zip Code 98124-0948</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-526-15000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <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="585.20"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Boulevard</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-526-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <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="12802.50"/></p> <p>[MEMO ITEM] Memo Entry</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL 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)

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

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

A.	Full Name (Last, First, Middle Initial) Continental Airlines <hr/> Mailing Address 1600 Smith Street <hr/> City Houston State TX Zip Code 77002 <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> 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-526-30000 Date of Disbursement 12 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 7114.00 <hr/> [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Delta Air Lines, Inc. <hr/> Mailing Address 1030 Delta Boulevard <hr/> City Atlanta State GA Zip Code 30320 <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> 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-526-40000 Date of Disbursement 12 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 5375.90 <hr/> [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) JetBlue Airways Corporation <hr/> Mailing Address 118-29 Queens Blvd <hr/> City Forest Hills State NY Zip Code 11375 <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> 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-526-50000 Date of Disbursement 12 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 909.20 <hr/> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Northwest Airlines Corporation

Mailing Address 2700 Lone Oak Parkway

City Eagan State MN Zip Code 55121

Purpose of Disbursement

Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-526-60000

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

230.70

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement

Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-526-70000

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

1327.70

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 77 W. Wacker Drive

City Chicago State IL Zip Code 60601

Purpose of Disbursement

Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-526-80000

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

5310.90

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) US Airways Group Inc. <hr/> Mailing Address 111 W. Rio Salado Pkwy <hr/> City Tempe State AZ Zip Code 85281 <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> 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-526-90000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 18080.05 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address P O BOX 1270 <hr/> City NEWARK State NJ Zip Code 07101 <hr/> Purpose of Disbursement Train Travel Candidate Name <hr/> 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-527 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1830.00 See Attached Memo Entry

C. Full Name (Last, First, Middle Initial) Amtrak <hr/> Mailing Address Union Station 50 Massachusetts Ave., NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Train Travel Candidate Name <hr/> 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-527-10000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1830.00 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	1830.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B-528 Date of Disbursement
	Mailing Address P O BOX 1270	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City NEWARK State NJ Zip Code 07101	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="97771.32"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) Boca Raton Residence Inn	Transaction ID: SB21B-528-10000 Date of Disbursement
	Mailing Address 525 Northwest 77th Street	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Boca Raton State FL Zip Code 33487	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="994.87"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) CROWNE PLAZA HOTEL	Transaction ID: SB21B-528-20000 Date of Disbursement
	Mailing Address 777 ST CLAIR AVE., NE	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City CLEVELAND State OH Zip Code 44114	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	<input type="text" value="687.15"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="97771.32"/>
TOTAL 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 29 / 54

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

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

A.	Full Name (Last, First, Middle Initial) Crowne Plaza Hotel Phoenix <hr/> Mailing Address 2532 West Peoria Avenue <hr/> City Phoenix State AZ Zip Code 85029 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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-528-25000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 269.44 <hr/> [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Del Soleil Hotel South Beach <hr/> Mailing Address 1437 Collins Avenue <hr/> City South Beach State FL Zip Code 33139 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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-528-30000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1603.00 <hr/> [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) FAIRMONT CHICAGO <hr/> Mailing Address 200 North Columbus Drive <hr/> City CHICAGO State IL Zip Code 60601 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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-528-40000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 13164.74 <hr/> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Fontainebleau Miami Beach	Transaction ID: SB21B-528-50000 Date of Disbursement 12 / 15 / 2009
	Mailing Address 4441 Collins Avenue	Amount of Each Disbursement this Period 29539.38
	City Miami Beach State FL Zip Code 33140	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) GRAND SIERRA RESORT	Transaction ID: SB21B-528-60000 Date of Disbursement 12 / 15 / 2009
	Mailing Address 2500 E SECOND ST.	Amount of Each Disbursement this Period 100.00
	City RENO State NV Zip Code 89595	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) HILTON HOTELS	Transaction ID: SB21B-528-70000 Date of Disbursement 12 / 15 / 2009
	Mailing Address 1001 MARQUETTE AVENUE	Amount of Each Disbursement this Period 3407.20
	City MINNEAPOLIS State MN Zip Code 55403	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HILTON HOTEL <hr/> Mailing Address 1048 Raymond Blvd <hr/> City NEWARK State NJ Zip Code 07102 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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-528-80000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 9730.70 [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Hilton Garden Inn Detroit <hr/> Mailing Address 351 Gratiot Avenue <hr/> City Detroit State MI Zip Code 48226 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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-528-90000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 554.24 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Hilton New York <hr/> Mailing Address 1335 Avenue of the Americas <hr/> City New York State NY Zip Code 10019 <hr/> Purpose of Disbursement Lodging & Catering Candidate Name <hr/> 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-528-100000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 9801.15 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) Crowne Plaza Hotel	Transaction ID: SB21B-528-110000
	Mailing Address 2349 W Marlton Pike	Date of Disbursement
	City State Zip Code Cherry Hill NJ 08002	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	4626.40
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Holiday Inn Express Watertown	Transaction ID: SB21B-528-120000
	Mailing Address 1290 Arsenal Street	Date of Disbursement
	City State Zip Code Watertown NY 13601	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	1912.00
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Holiday Inn Select Norfolk	Transaction ID: SB21B-528-130000
	Mailing Address 1570 North Military Highway	Date of Disbursement
	City State Zip Code Norfolk VA 23502	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging & Catering	3250.50
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) InterContinental Montelucia	Transaction ID: SB21B-528-140000 Date of Disbursement 12 / 15 / 2009
	Mailing Address 4949 East Lincoln Drive	Amount of Each Disbursement this Period 671.50
	City Paradise Valley State AZ Zip Code 85253	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Las Vegas Hilton	Transaction ID: SB21B-528-150000 Date of Disbursement 12 / 15 / 2009
	Mailing Address 3000 Paradise Road	Amount of Each Disbursement this Period 3174.08
	City Las Vegas State NV Zip Code 89109	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) MIAMI BEACH RESORT	Transaction ID: SB21B-528-160000 Date of Disbursement 12 / 15 / 2009
	Mailing Address 4833 COLLINS AVENUE	Amount of Each Disbursement this Period 4308.23
	City MIAMI BEACH State FL Zip Code 33140	
	Purpose of Disbursement Lodging & Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Crowne Plaza Pittsburgh South

Mailing Address 164 Fort Couch Road

City Pittsburgh State PA Zip Code 15241

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-528-170000
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

4075.50

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
Sheraton Edison Hotel

Mailing Address 125 Raritan Center Parkway

City Edison State NJ Zip Code 08837

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-528-180000
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

3188.00

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
Sheraton Atlantic City

Mailing Address Two Convention Blvd

City Atlantic City State NJ Zip Code 08401

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-528-190000
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

3795.00

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Sheraton Philadelphia City Ctr

Mailing Address 17th & Race Street

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-528-200000
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

-4133.40

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
Sheraton-Clayton Plaza

Mailing Address 7730 Bonhomme Avenue

City St. Louis State MO Zip Code 63105

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-528-210000
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

379.64

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
The Westin Columbus

Mailing Address 310 South High Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Lodging & Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-528-220000
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

2672.00

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P O BOX 1270 City NEWARK State NJ Zip Code 07101 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-529 Date of Disbursement 12 / 15 / 2009
	Amount of Each Disbursement this Period 38510.74 See Attached Memo Entry

B. Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address Buffalo Niagra Airport Intl. 4200 Genesee Street City Buffalo State NY Zip Code 14225 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-529-10000 Date of Disbursement 12 / 15 / 2009
	Amount of Each Disbursement this Period 276.11 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR Mailing Address 213 E RICH STREET City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-529-20000 Date of Disbursement 12 / 15 / 2009
	Amount of Each Disbursement this Period 635.24 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	38510.74
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Avis Rent-A-Car

Mailing Address 510 La Guardia Airport
Suite 25

City Flushing State NY Zip Code 11371

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-529-30000

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

913.26

[MEMO ITEM]

Memo Entry

B.

Full Name (Last, First, Middle Initial)

AVIS-RENT-A-CAR

Mailing Address 11005 Terminal Access Road

City FT MYERS State FL Zip Code 33913

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-529-40000

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

560.64

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

Avis Rent-A-Car

Mailing Address JFK Airport
Bldg 305 Federal Circle

City Jamaica State NY Zip Code 11430

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-529-50000

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

822.10

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 54

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

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

A.

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

Mailing Address 3655 SW 22ND ST.

City MIAMI State FL Zip Code 33145

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-529-60000
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

4806.94

[MEMO ITEM]
Memo Entry

B.

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

Mailing Address Tweed-New Haven Airport
155 Burr Street

City New Haven State CT Zip Code 06510

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-529-70000
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

1208.01

[MEMO ITEM]
Memo Entry

C.

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

Mailing Address 220 West 31st Street

City New York State NY Zip Code 10001

Purpose of Disbursement
Car Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B-529-80000
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

2097.06

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

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

Transaction ID: SB21B-529-90000
Date of Disbursement

Mailing Address Newark Liberty Intl Airport
28 Newark Airport

12 / 15 / 2009

City Newark State NJ Zip Code 07114

Amount of Each Disbursement this Period

Purpose of Disbursement
Car Rental

6286.09

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
Memo Entry

State: District:

B.

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

Transaction ID: SB21B-529-100000
Date of Disbursement

Mailing Address Norfolk Intl Airport
2200 Norview Avenue

12 / 15 / 2009

City Norfolk State VA Zip Code 23518

Amount of Each Disbursement this Period

Purpose of Disbursement
Car Rental

1611.89

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
Memo Entry

State: District:

C.

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

Transaction ID: SB21B-529-110000
Date of Disbursement

Mailing Address Syracuse Hancock Intl Airport
146 Constellation Way N

12 / 15 / 2009

City North Syracuse State NY Zip Code 13212

Amount of Each Disbursement this Period

Purpose of Disbursement
Car Rental

447.10

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
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)

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

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

<p>A. Full Name (Last, First, Middle Initial) Avis-Rent-A-Car</p> <p>Mailing Address Philadelphia Intl Airport 1 Arrivals Road</p> <p>City Philadelphia State PA Zip Code 19153</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-120000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2299.85</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Avis-Rent-A-Car</p> <p>Mailing Address 625 Stanwix St.</p> <p>City Pittsburgh State PA Zip Code 15222</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-130000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 533.12</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Avis-Rent-A-Car</p> <p>Mailing Address 821 Howard St.</p> <p>City San Francisco State CA Zip Code 94103</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-140000 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1906.59</p> <p>[MEMO ITEM] 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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A. Full Name (Last, First, Middle Initial) AVIS-RENT-A-CAR Mailing Address 411 Minnesota St City ST. PAUL State MN Zip Code 55101 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-529-150000 Date of Disbursement 12 / 15 / 2009
	Amount of Each Disbursement this Period 1122.33 [MEMO ITEM] Memo Entry

B. Full Name (Last, First, Middle Initial) Avis Rent-A-Car Mailing Address One Station Plaza City Stamford State CT Zip Code 06902 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-529-160000 Date of Disbursement 12 / 15 / 2009
	Amount of Each Disbursement this Period 1404.68 [MEMO ITEM] Memo Entry

C. Full Name (Last, First, Middle Initial) Avis Rent-A-Car Tolls Mailing Address P.O. Box 222209 City Great Neck State NY Zip Code 11022 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B-529-170000 Date of Disbursement 12 / 15 / 2009
	Amount of Each Disbursement this Period 293.83 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-529-180000 Date of Disbursement 12 / 15 / 2009
	Mailing Address Cleveland Hopkins Airport 19601 Maplewood Avenue	Amount of Each Disbursement this Period 280.48
	City Cleveland State OH Zip Code 44135	
	Purpose of Disbursement Car Rental	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Memo Entry

B.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-529-190000 Date of Disbursement 12 / 15 / 2009
	Mailing Address Detroit Metro Wayne Co. Airprt 289 Lucas Drive, Suite B	Amount of Each Disbursement this Period 272.67
	City Detroit State MI Zip Code 48482	
	Purpose of Disbursement Car Rental	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Memo Entry

C.	Full Name (Last, First, Middle Initial) Hertz Car Rental	Transaction ID: SB21B-529-200000 Date of Disbursement 12 / 15 / 2009
	Mailing Address Ft. Lauderdale Intl Airport 600 Terminal Drive	Amount of Each Disbursement this Period 631.29
	City Fort Lauderdale State FL Zip Code 33315	
	Purpose of Disbursement Car Rental	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Miami International Airport 3795 Northwest 21st Street</p> <p>City Miami State FL Zip Code 33142</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-210000 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 476.27</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address 323 West 34th Street</p> <p>City New York State NY Zip Code 10119</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-220000 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 822.66</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) HERTZ CAR RENTAL</p> <p>Mailing Address Newark Intl Airport 23 Newark Airport, Bldg 23</p> <p>City NEWARK State NJ Zip Code 07114</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-230000 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1527.50</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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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"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Norfolk Airport Counter 2200 Norview Avenue</p> <p>City Norfolk State VA Zip Code 23518</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-240000 Date of Disbursement: 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 799.54</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address 700 5th Avenue</p> <p>City Pittsburgh State PA Zip Code 15219</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-250000 Date of Disbursement: 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 979.93</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address 241 10th Street</p> <p>City San Francisco State CA Zip Code 94103</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-260000 Date of Disbursement: 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2603.63</p> <p>[MEMO ITEM] 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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p>A. Full Name (Last, First, Middle Initial) HERTZ RENT A CAR</p> <p>Mailing Address Seattle Tacoma Airport 17801 Pacific Hwy S, Suite 301</p> <p>City SEATTLE State WA Zip Code 98158</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-270000 Date of Disbursement: 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 179.37</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Minneapolis Intl Airport 4300 Glumack Drive</p> <p>City Minneapolis State MN Zip Code 55111</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-280000 Date of Disbursement: 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 354.99</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Syracuse Hancock Airport 100 Colonel Eileen Collins Blv</p> <p>City Syracuse State NY Zip Code 13212</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-290000 Date of Disbursement: 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 590.17</p> <p>[MEMO ITEM] 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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) HERTZ-RENT-A-CAR</p> <p>Mailing Address Union Station 50 Massachusetts Avenue</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-300000 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 515.65</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Hertz Car Rental</p> <p>Mailing Address Port Columbus Airport 4200 Intl Gateway</p> <p>City Columbus State OH Zip Code 43219</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-310000 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 375.07</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Plate Pass</p> <p>Mailing Address 7681 East Gray Road</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-529-320000 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 159.55</p> <p>[MEMO ITEM] 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**

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FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car	Transaction ID: SB21B-529-330000 Date of Disbursement 12 / 15 / 2009
	Mailing Address Newark Liberty Intl Airport 28 Newark Airport	Amount of Each Disbursement this Period 562.00
	City Newark State NJ Zip Code 07114	
	Purpose of Disbursement Car Rental	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Budget Car Rental	Transaction ID: SB21B-529-340000 Date of Disbursement 12 / 15 / 2009
	Mailing Address 6 Sylvan Way	Amount of Each Disbursement this Period 155.13
	City Parsippany State NJ Zip Code 07054	
	Purpose of Disbursement Car Rental	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) WILLIAM A. BURTON	Transaction ID: SB21B-501 Date of Disbursement 12 / 16 / 2009
	Mailing Address 511 Independence Ave., SE	Amount of Each Disbursement this Period 99.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) GRANT CAMPBELL	Transaction ID: SB21B-502 Date of Disbursement																			
	Mailing Address 1300 N STREET, NW #105	<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>1</td><td>2</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	1	2		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<table border="1"><tr><td>99.00</td></tr></table>	99.00																		
99.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) GRANT CAMPBELL	Transaction ID: SB21B-503 Date of Disbursement																			
	Mailing Address 1300 N STREET, NW #105	<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>1</td><td>2</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	1	2		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<table border="1"><tr><td>106.50</td></tr></table>	106.50																		
106.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) BEN FINKENBINDER	Transaction ID: SB21B-504 Date of Disbursement																			
	Mailing Address 2853 Ontario Road, NW, Apt. 11	<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>1</td><td>2</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	1	2		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
	City WASHINGTON State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel & Subsistence Expense Reimb	<table border="1"><tr><td>99.00</td></tr></table>	99.00																		
99.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>304.50</td></tr></table>	304.50
304.50		
TOTAL 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)

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

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

A.	Full Name (Last, First, Middle Initial) BEN FINKENBINDER	Transaction ID: SB21B-505 Date of Disbursement 12 / 16 / 2009
	Mailing Address 2853 Ontario Road, NW, Apt. 11	Amount of Each Disbursement this Period 106.50
	City WASHINGTON State DC Zip Code 20009	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Patrick Gaspard	Transaction ID: SB21B-506 Date of Disbursement 12 / 16 / 2009
	Mailing Address 4545 Connecticut Ave., NW Apt. 526	Amount of Each Disbursement this Period 99.00
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Patrick Gaspard	Transaction ID: SB21B-507 Date of Disbursement 12 / 16 / 2009
	Mailing Address 4545 Connecticut Ave., NW Apt. 526	Amount of Each Disbursement this Period 106.50
	City Washington State DC Zip Code 20008	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	312.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Robert Gibbs	Transaction ID: SB21B-508 Date of Disbursement 12 / 16 / 2009
	Mailing Address 3655 Trinity Drive	Amount of Each Disbursement this Period 106.50
	City Alexandria State VA Zip Code 22304	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROBERT HILL	Transaction ID: SB21B-509 Date of Disbursement 12 / 16 / 2009
	Mailing Address 460 L STREET, NW UNIT 728	Amount of Each Disbursement this Period 99.00
	City WASHINGTON State DC Zip Code 20001-2563	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KATIE HOGAN	Transaction ID: SB21B-510 Date of Disbursement 12 / 16 / 2009
	Mailing Address 1330 NEW HAMPSHIRE AVENUE, NW #424	Amount of Each Disbursement this Period 99.00
	City WASHINGTON State DC Zip Code 20036	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	304.50
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)

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

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

A.	Full Name (Last, First, Middle Initial) KATIE HOGAN	Transaction ID: SB21B-511 Date of Disbursement 12 / 16 / 2009
	Mailing Address 1330 NEW HAMPSHIRE AVENUE, NW #424	Amount of Each Disbursement this Period 106.50
	City WASHINGTON State DC Zip Code 20036	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SARAH HURWITZ	Transaction ID: SB21B-512 Date of Disbursement 12 / 16 / 2009
	Mailing Address 1441 Rhode Island Ave., NW #809	Amount of Each Disbursement this Period 99.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Valerie Jarrett	Transaction ID: SB21B-513 Date of Disbursement 12 / 16 / 2009
	Mailing Address 3303 Water Street, NW Unit 7H	Amount of Each Disbursement this Period 99.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	304.50
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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

<p>A. Full Name (Last, First, Middle Initial) Anna Kim</p> <p>Mailing Address 1828 Riggs Place, NW, Apt 25</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-514 Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 99.00</p>
<p>B. Full Name (Last, First, Middle Initial) Jeffrey Lerner</p> <p>Mailing Address 1630 Florida Avenue, NW, #104</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-515 Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 99.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jeffrey Lerner</p> <p>Mailing Address 1630 Florida Avenue, NW, #104</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel & Subsistence Expense Reimb</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-516 Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 106.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

304.50

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)

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

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

A.	Full Name (Last, First, Middle Initial) Noerena Limon	Transaction ID: SB21B-517 Date of Disbursement 12 / 16 / 2009
	Mailing Address 1400 S. Joyce Street, #724	Amount of Each Disbursement this Period 99.00
	City Arlington State VA Zip Code 22202	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alyssa Mastromonaco	Transaction ID: SB21B-518 Date of Disbursement 12 / 16 / 2009
	Mailing Address 1301 M Street, NW, Apt 519	Amount of Each Disbursement this Period 99.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Peter Rundlet	Transaction ID: SB21B-519 Date of Disbursement 12 / 16 / 2009
	Mailing Address 4443 Springdale Street, NW	Amount of Each Disbursement this Period 106.50
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement Travel & Subsistence Expense Reimb	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	304.50
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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

A.	Full Name (Last, First, Middle Initial) WHITE HOUSE AIRLIFT OPERATIONS		Transaction ID: SB21B-520	
	Mailing Address 1600 Pennsylvania Avenue, NW EEOB ROOM #25		Date of Disbursement 12 / 16 / 2009	
	City WASHINGTON	State DC	Zip Code 20502	Amount of Each Disbursement this Period 54.36
	Purpose of Disbursement White House Airlift In-flight Services		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional)

54.36

TOTAL This Period (last page this line number only)

261885.50