

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Democratic Congressional Campaign Committee

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 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 02 01 2009 through 02 28 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jonathan S. Vogel

Signature of Treasurer Electronically Filed by Jonathan S. Vogel Date 08 03 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Democratic Congressional Campaign Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

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		491852.26
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	2012830.69									
(c) Total Receipts (from Line 19)	3490036.75	7011821.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	5502867.44	7503673.36								
7. Total Disbursements (from Line 31)	2589358.92	4590164.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2913508.52	2913508.52								
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)	15087167.22									

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

Write or Type Committee Name
Democratic Congressional Campaign Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

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)	1569378.10	2832991.90
(ii) Unitemized	1051285.39	1922832.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2620663.49	4755824.71
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	457500.00	990271.71
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3078163.49	5746096.42
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)	61609.06	72020.38
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	350264.20	1193704.30
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))	3490036.75	7011821.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3490036.75	7011821.10

DETAILED SUMMARY PAGE

of Disbursements

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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.....	2401488.07	4332601.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2401488.07	4332601.34
22. Transfers to Affiliated/Other Party Committees.....	6170.00	19170.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	894.73	-823.00
24. Independent Expenditure (use Schedule E)	162984.18	212445.18
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	10626.94	16301.32
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	7195.00	10470.00
(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))	7195.00	10470.00
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))..	2589358.92	4590164.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2589358.92	4590164.84

DETAILED SUMMARY PAGE
of Disbursements

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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)	3078163.49	5746096.42
34. Total Contribution Refunds (from Line 28(d))	7195.00	10470.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3070968.49	5735626.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2401488.07	4332601.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	61609.06	72020.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2339879.01	4260580.96

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

Transaction ID: SC-6818

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

Original Amount of Loan 20000000.00	Cumulative Payment To Date 8500000.00	Balance Outstanding at Close of This Period 11500000.00
--	--	--

TERMS

Date Incurred MM DD YY YY 09 08 2008	Date Due 03/31/2010	Interest Rate BBA LIBOR + 3 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="1150000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="1150000.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 7 / 475
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Action Mailers, Inc.	Nature of Debt (Purpose): Generic Cmte. Printing
Mailing Address 90 Commerce Drive	
City State ZIP Code Aston PA 19014	

Outstanding Balance Beginning This Period <input type="text" value="100851.35"/>	Transaction ID: SD-6733	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="26101.86"/>	Outstanding Balance at Close of This Period <input type="text" value="74749.49"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American List Counsel, Inc.	Nature of Debt (Purpose): List Rental
Mailing Address P.O. Box 32189	
City State ZIP Code Hartford CT 06150-2189	

Outstanding Balance Beginning This Period <input type="text" value="98278.15"/>	Transaction ID: SD-6734	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5185.48"/>	Outstanding Balance at Close of This Period <input type="text" value="93092.67"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allied Printing Resources	Nature of Debt (Purpose): Generic Cmte. Printing
Mailing Address P.O. Box 6506 455 Washington Ave.	
City State ZIP Code Carlstadt NJ 07072	

Outstanding Balance Beginning This Period <input type="text" value="143988.79"/>	Transaction ID: SD-6735	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="40246.69"/>	Outstanding Balance at Close of This Period <input type="text" value="103742.10"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="271584.26"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allied Web Services			Nature of Debt (Purpose): Generic Cmte. Printing
Mailing Address 1120 McKenzie Road			
City Lake Helen	State FL	ZIP Code 32744	

Outstanding Balance Beginning This Period <input type="text" value="37904.00"/>		Transaction ID: SD-6736	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="19044.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18860.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Anzalone Liszt Research, Inc.			Nature of Debt (Purpose): Generic Cmte. Polling
Mailing Address 260 Commerce Street 4th Floor			
City Montgomery	State AL	ZIP Code 36104	

Outstanding Balance Beginning This Period <input type="text" value="228250.00"/>		Transaction ID: SD-6737	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="228250.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ASAP Printing and Graphics			Nature of Debt (Purpose): Generic Cmte. Printing
Mailing Address 2805 Mount Vernon Avenue			
City Alexandria	State VA	ZIP Code 22301	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD-6822	
Amount Incurred This Period <input type="text" value="2080.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2080.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="249190.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jocelyn Augustino Photographer			Nature of Debt (Purpose): Fundraising Events/Meetings
Mailing Address 3416 Gunston Road			
City Alexandria	State VA	ZIP Code 22302	

Outstanding Balance Beginning This Period 1666.50		Transaction ID: SD-6741	
Amount Incurred This Period 0.00	Payment This Period 1666.50	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Avalanche Services			Nature of Debt (Purpose): Generic Cmte. Printing
Mailing Address 515-B Industrial Blvd			
City Kearneysville	State WV	ZIP Code 25430	

Outstanding Balance Beginning This Period 30677.50		Transaction ID: SD-6742	
Amount Incurred This Period 0.00	Payment This Period 975.00	Outstanding Balance at Close of This Period 29702.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Benenson Strategy Group			Nature of Debt (Purpose): Generic Cmte. Polling
Mailing Address 14 East 60th Street Suite 1002			
City New York	State NY	ZIP Code 10022	

Outstanding Balance Beginning This Period 69100.00		Transaction ID: SD-6743	
Amount Incurred This Period 20000.00	Payment This Period 20000.00	Outstanding Balance at Close of This Period 69100.00	

1) SUBTOTALS This Period This Page (optional).....	▶ 98802.50
2) TOTALS This Period (last page this line number only).....	▶
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blue State Digital, LLC			Nature of Debt (Purpose): Generic Cmte. OnLine Services
Mailing Address 734 15th Street, NW Suite 1200			
City	State	ZIP Code	
Washington	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD-6744	
41100.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	20550.00	20550.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bennett, Petts & Normington, LLC			Nature of Debt (Purpose): Generic Cmte. Polling
Mailing Address 1010 Wisconsin Ave., NW Suite 208			
City	State	ZIP Code	
Washington	DC	20007	

Outstanding Balance Beginning This Period		Transaction ID: SD-6745	
54000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	54000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brilliant Corners Research, Inc.			Nature of Debt (Purpose): Generic Cmte. Polling
Mailing Address 1336 North Capitol Street, NW 2nd Floor			
City	State	ZIP Code	
Washington	DC	20002	

Outstanding Balance Beginning This Period		Transaction ID: SD-6746	
34000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	34000.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	74550.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carey International, Inc.			Nature of Debt (Purpose): Travel
Mailing Address Billing Department P.O. Box 631414			
City	State	ZIP Code	
Baltimore	MD	21263-1414	

Outstanding Balance Beginning This Period		Transaction ID: SD-6748	
4582.21			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	4582.21	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor C & E Systems, LLC			Nature of Debt (Purpose): Equipment Rental/Maintenance
Mailing Address 2236 SE 10th Ave			
City	State	ZIP Code	
Portland	OR	97214	

Outstanding Balance Beginning This Period		Transaction ID: SD-6749	
1400.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1400.00	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Media Analysis Group			Nature of Debt (Purpose): Strategic/Political Services
Mailing Address Post Office Box 7247-9301			
City	State	ZIP Code	
Philadelphia	PA	19170	

Outstanding Balance Beginning This Period		Transaction ID: SD-6751	
16875.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	16875.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Commonwealth Digital Office Solutions			Nature of Debt (Purpose): Copying
Mailing Address 21205 Ridgetop Circle			
City Sterling	State VA	ZIP Code 20166-6501	

Outstanding Balance Beginning This Period <input type="text" value="334.61"/>		Transaction ID: SD-6819	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="334.61"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Crystal Valet			Nature of Debt (Purpose): Generic Cmte. Events/Meetings
Mailing Address 616 West College Street			
City Los Angeles	State CA	ZIP Code 90012	

Outstanding Balance Beginning This Period <input type="text" value="2607.50"/>		Transaction ID: SD-6753	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2607.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CSSDirect			Nature of Debt (Purpose): Committee Telemarketing
Mailing Address 3707 North 200th Street			
City Elkhorn	State NE	ZIP Code 68022	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD-6754	
Amount Incurred This Period <input type="text" value="2154.07"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2154.07"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2154.07"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 / 475
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Data Direct, Inc.	Nature of Debt (Purpose): Computer Services
Mailing Address 181 Potomac Street PO Box 855	
City State ZIP Code Harpers WV 25425	

Outstanding Balance Beginning This Period 9563.50	Transaction ID: SD-6755	
Amount Incurred This Period 0.00	Payment This Period 6376.00	Outstanding Balance at Close of This Period 3187.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Data Center, Inc.	Nature of Debt (Purpose): Computer Services
Mailing Address 11200 Waples Mill Road Suite 100	
City State ZIP Code Fairfax VA 22030	

Outstanding Balance Beginning This Period 14915.00	Transaction ID: SD-6756	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14915.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Andrukitis, Inc.	Nature of Debt (Purpose): Generic Cmte. Printing
Mailing Address 50 E Street, SE	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 59.22	Transaction ID: SD-6820	
Amount Incurred This Period 0.00	Payment This Period 59.22	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	18102.50
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dell Business Credit	Nature of Debt (Purpose): Equipment Rental/Maintenance
Mailing Address Payment Processing Center PO Box 5275	
City State ZIP Code Carol Stream IL 60197	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD-6758	
Amount Incurred This Period 5750.71	Payment This Period 0.00	Outstanding Balance at Close of This Period 5750.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DirectAdvantage Marketing	Nature of Debt (Purpose): Committee Telemarketing
Mailing Address The Outreach Center PO Box 55043	
City State ZIP Code Boston MA 02205	

Outstanding Balance Beginning This Period 372816.27	Transaction ID: SD-6759	
Amount Incurred This Period 0.60	Payment This Period 183093.20	Outstanding Balance at Close of This Period 189723.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dixon / Davis Media Group, LLC	Nature of Debt (Purpose): Media Production
Mailing Address 1028 33rd Street, NW Suite 300	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 150752.50	Transaction ID: SD-6760	
Amount Incurred This Period 0.00	Payment This Period 8575.00	Outstanding Balance at Close of This Period 142177.50

1) SUBTOTALS This Period This Page (optional).....	337651.88
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dewey Square Group, LLC			Nature of Debt (Purpose): Generic Strategic Political Services
Mailing Address PO Box 60340			
City Charlotte	State NC	ZIP Code 28260-0340	

Outstanding Balance Beginning This Period <input type="text" value="10005.43"/>		Transaction ID: SD-6761	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="10005.43"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eleison Group, LLC			Nature of Debt (Purpose): Generic Strategic Political Services
Mailing Address 1655 N Fort Myer Dr Suite 700			
City Arlington	State VA	ZIP Code 22209	

Outstanding Balance Beginning This Period <input type="text" value="45000.00"/>		Transaction ID: SD-6762	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="45000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan Gage Caterers, Inc.			Nature of Debt (Purpose): Generic Cmte. Events/Meetings
Mailing Address 7411 Livingston Road			
City Oxon Hill	State MD	ZIP Code 20745	

Outstanding Balance Beginning This Period <input type="text" value="6584.73"/>		Transaction ID: SD-6763	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6584.73"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 / 475
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Great American Media	Nature of Debt (Purpose): Media Buy Media Production/Ser
Mailing Address 1010 Wisconsin Ave., NW Suite 800	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 308862.75	Transaction ID: SD-6764	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 308862.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilbert & Wolfand, PC	Nature of Debt (Purpose): Accounting Svcs. Rendered
Mailing Address 2201 Wisconsin Avenue, NW	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 4722.00	Transaction ID: SD-6765	
Amount Incurred This Period 0.00	Payment This Period 270.00	Outstanding Balance at Close of This Period 4452.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Global Strategy Group, LLC	Nature of Debt (Purpose): Generic Cmte. Polling
Mailing Address 895 Broadway, 5th Floor	
City State ZIP Code New York NY 10003	

Outstanding Balance Beginning This Period 166100.00	Transaction ID: SD-6766	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 166100.00

1) SUBTOTALS This Period This Page (optional).....	479414.75
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greenberg Quinlan Rosner Research, Inc.			Nature of Debt (Purpose): Generic Cmte. Polling
Mailing Address 10 G Street NE, Suite 500			
City	State	ZIP Code	
Washington	DC	20002	

Outstanding Balance Beginning This Period <input type="text" value="101500.00"/>		Transaction ID: SD-6767	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="33000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="68500.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hyatt Regency Washington			Nature of Debt (Purpose): Generic Cmte. Events/Meetings
Mailing Address On Capitol Hill Dept 6012			
City	State	ZIP Code	
Washington	DC	20042-6012	

Outstanding Balance Beginning This Period <input type="text" value="48153.94"/>		Transaction ID: SD-6768	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="48153.94"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor In Klein Productions, Inc.			Nature of Debt (Purpose): Generic Cmte. Events/Meetings
Mailing Address 14015 Park Drive Suite 202			
City	State	ZIP Code	
Tomball	TX	77375	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD-6769	
Amount Incurred This Period <input type="text" value="9349.90"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9349.90"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="77849.90"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Insight			Nature of Debt (Purpose): Equipment Rental/Maintenance
Mailing Address P.O. Box 78825			
City Phoenix	State AZ	ZIP Code 85062-8825	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD-6770	
Amount Incurred This Period 3139.98	Payment This Period 0.00	Outstanding Balance at Close of This Period 3139.98	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integral Resources, Inc.			Nature of Debt (Purpose): Committee Telemarketing
Mailing Address 1972 Massachusetts Avenue			
City Cambridge	State MA	ZIP Code 02140	

Outstanding Balance Beginning This Period 990354.87		Transaction ID: SD-6771	
Amount Incurred This Period 0.00	Payment This Period 255502.20	Outstanding Balance at Close of This Period 734852.67	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joshua Roberts Photography, LLC			Nature of Debt (Purpose): Generic Cmte. Events/Meetings
Mailing Address 1217 F Street, NE			
City Washington	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period 658.50		Transaction ID: SD-6774	
Amount Incurred This Period 0.00	Payment This Period 658.50	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	737992.65
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			Nature of Debt (Purpose): Wire Services On Line Svc-s.
Mailing Address PO Box 7247-7090			
City Philadelphia	State PA	ZIP Code 19170-7090	

Outstanding Balance Beginning This Period <input type="text" value="4111.87"/>		Transaction ID: SD-6775	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4111.87"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Liaison Capitol Hill			Nature of Debt (Purpose): Generic Cmte. Events/Meetings
Mailing Address 415 New Jersey Ave., NW			
City Washington	State DC	ZIP Code 20001	

Outstanding Balance Beginning This Period <input type="text" value="22566.99"/>		Transaction ID: SD-6776	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="22566.99"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LR Paris, LLC			Nature of Debt (Purpose): Generic Cmte. Events/Meetings
Mailing Address 1250 Connecticut Avenue, NW Suite 200			
City Washington	State DC	ZIP Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD-6777	
Amount Incurred This Period <input type="text" value="4948.29"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4948.29"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4948.29"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mayfield Strategy Group, LLC	Nature of Debt (Purpose): Computer Services
Mailing Address 1825 K Street NW Suite 1000	
City State ZIP Code Washington DC 20006	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD-6778	
Amount Incurred This Period 3387.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 3387.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor McMahon, Squier, Lapp and Associates	Nature of Debt (Purpose): Media Production
Mailing Address 300 N. Lee Street Suite 500	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 314983.40	Transaction ID: SD-6779	
Amount Incurred This Period 0.00	Payment This Period 56953.37	Outstanding Balance at Close of This Period 258030.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Merkle Response Services, Inc.	Nature of Debt (Purpose): Computer Services
Mailing Address 100 Jamison Court	
City State ZIP Code Hagerstown MD 21740	

Outstanding Balance Beginning This Period 10430.73	Transaction ID: SD-6780	
Amount Incurred This Period 0.00	Payment This Period 10430.73	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	261417.57
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Meyer Associates			Nature of Debt (Purpose): Committee Telemarketing
Mailing Address 14 North Seventh Avenue			
City St. Cloud	State MN	ZIP Code 56303	

Outstanding Balance Beginning This Period 9902.25		Transaction ID: SD-6781	
Amount Incurred This Period 0.00	Payment This Period 9902.25	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Minneapolis Club			Nature of Debt (Purpose): Generic Cmte. Events/Meetings
Mailing Address 729 2nd Avenue South			
City Minneapolis	State MN	ZIP Code 55402-2463	

Outstanding Balance Beginning This Period 567.22		Transaction ID: SD-6782	
Amount Incurred This Period 0.00	Payment This Period 567.22	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mission Control, Inc.			Nature of Debt (Purpose): Mail Services
Mailing Address 114 A Mansfield Holow Rd.			
City Mansfield Center	State CT	ZIP Code 06250	

Outstanding Balance Beginning This Period 28237.33		Transaction ID: SD-6783	
Amount Incurred This Period 0.00	Payment This Period 28237.33	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Murphy Putnam Media, LLC			Nature of Debt (Purpose): Media Production
Mailing Address 901 N. Washington Street Suite 400			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="180957.00"/>		Transaction ID: SD-6784	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="53956.57"/>	Outstanding Balance at Close of This Period <input type="text" value="127000.43"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NCEC Services, Inc.			Nature of Debt (Purpose): Strategic/Political Services
Mailing Address 122 C Street, NW Suite 650			
City Washington	State DC	ZIP Code 20001	

Outstanding Balance Beginning This Period <input type="text" value="30000.00"/>		Transaction ID: SD-6786	
Amount Incurred This Period <input type="text" value="15000.00"/>	Payment This Period <input type="text" value="30000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NGP Software, Inc.			Nature of Debt (Purpose): Computer Services
Mailing Address 1225 Eye Street, NW Suite 1225			
City Washington	State DC	ZIP Code 20005	

Outstanding Balance Beginning This Period <input type="text" value="6600.00"/>		Transaction ID: SD-6787	
Amount Incurred This Period <input type="text" value="2200.00"/>	Payment This Period <input type="text" value="8800.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="142000.43"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 / 475
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Occasions Caterers, Inc.	Nature of Debt (Purpose): Generic Cmte. Catering
Mailing Address 5458 3rd Street, NE	
City State ZIP Code Washington DC 20011	

Outstanding Balance Beginning This Period <input type="text" value="9649.72"/>	Transaction ID: SD-6788	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="9649.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor OMP, Inc.	Nature of Debt (Purpose): Generic Cmte. Fundraising Svcs
Mailing Address 1726 M Street, NW Suite 300	
City State ZIP Code Washington DC 20036	

Outstanding Balance Beginning This Period <input type="text" value="83273.00"/>	Transaction ID: SD-6790	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="83273.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services Rendered
Mailing Address 607 14th Street, NW Suite 800	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="246899.90"/>	Transaction ID: SD-6792	
Amount Incurred This Period <input type="text" value="34944.06"/>	Payment This Period <input type="text" value="108941.28"/>	Outstanding Balance at Close of This Period <input type="text" value="172902.68"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="256175.68"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Print Mail Communications			Nature of Debt (Purpose): Generic Cmte. Printing
Mailing Address 7201 Lockport Place			
City	State	ZIP Code	
Lorton	VA	22079	

Outstanding Balance Beginning This Period		Transaction ID: SD-6794	
64785.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3351.90	8003.58	60133.52	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RWT Production, LLC			Nature of Debt (Purpose): Generic Cmte. Printing
Mailing Address 5624 Bellington Avenue			
City	State	ZIP Code	
Springfield	VA	22151	

Outstanding Balance Beginning This Period		Transaction ID: SD-6797	
58958.57			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	47228.57	11730.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Share Group, Inc.			Nature of Debt (Purpose): Committee Telemarketing
Mailing Address PO Box 55183			
City	State	ZIP Code	
Boston	MA	02205-5183	

Outstanding Balance Beginning This Period		Transaction ID: SD-6798	
93273.52			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	30027.38	63246.14	

1) SUBTOTALS This Period This Page (optional).....	135109.66
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Shorr Johnson Magnus Media	Nature of Debt (Purpose): Media Production
Mailing Address 1831 Chestnut St Suite 602	
City Philadelphia State PA ZIP Code 19103	

Outstanding Balance Beginning This Period 208804.58	Transaction ID: SD-6799	
Amount Incurred This Period 0.00	Payment This Period 54337.19	Outstanding Balance at Close of This Period 154467.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Marketing & Mailing, Inc.	Nature of Debt (Purpose): Mailhouse
Mailing Address Attn: Cynthia Tross 3002 N Apollo Dr	
City Champaign State IL ZIP Code 61821	

Outstanding Balance Beginning This Period 159810.92	Transaction ID: SD-6801	
Amount Incurred This Period 0.00	Payment This Period 20443.03	Outstanding Balance at Close of This Period 139367.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Struble Eichenbaum Communications	Nature of Debt (Purpose): Media Production
Mailing Address 700 Seventh Street, SE	
City Washington State DC ZIP Code 20003	

Outstanding Balance Beginning This Period 96571.49	Transaction ID: SD-6802	
Amount Incurred This Period 699.18	Payment This Period 0.00	Outstanding Balance at Close of This Period 97270.67

1) SUBTOTALS This Period This Page (optional).....	391105.95
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staged Right Productions, LLC			Nature of Debt (Purpose): Generic Cmte. Events/Meetings
Mailing Address 1772 Sulphur Spring Road Suite 102			
City	State	ZIP Code	
Baltimore	MD	21227	

Outstanding Balance Beginning This Period		Transaction ID: SD-6804	
6932.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	6932.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Telefund, Inc.			Nature of Debt (Purpose): Committee Telemarketing
Mailing Address Attention: Nicole Lane P.O. Box 2366			
City	State	ZIP Code	
Denver	CO	80201-2366	

Outstanding Balance Beginning This Period		Transaction ID: SD-6808	
55672.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	17438.30	38233.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Thrifty Car Rental			Nature of Debt (Purpose): Travel
Mailing Address DTG Operations, Inc. - BOK Lockbox 2241			
City	State	ZIP Code	
Tulsa	OK	74182	

Outstanding Balance Beginning This Period		Transaction ID: SD-6809	
1441.78			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1441.78	0.00	

1) SUBTOTALS This Period This Page (optional).....	38233.95
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor tinyHorse Solutions LLC	Nature of Debt (Purpose): Generic Strategic Political Services
Mailing Address 1441 Rhode Island Ave., NW #214	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 10000.00	Transaction ID: SD-6810	
Amount Incurred This Period 0.00	Payment This Period 10000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TVEyes, Inc.	Nature of Debt (Purpose): Subscriptions
Mailing Address 2150 Post Road	
City State ZIP Code Fairfield CT 06824	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD-6811	
Amount Incurred This Period 5400.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tygris Vendor Finance Inc.	Nature of Debt (Purpose): Equipment
Mailing Address Dept #1608	
City State ZIP Code Denver CO 80291-1608	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD-6812	
Amount Incurred This Period 4897.08	Payment This Period 0.00	Outstanding Balance at Close of This Period 4897.08

1) SUBTOTALS This Period This Page (optional).....	▶	10297.08
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Vector Management

Nature of Debt (Purpose):
Travel

Mailing Address 1607 17th Ave., So.

City	State	ZIP Code
Nashville	TN	37212

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6816

Amount Incurred This Period

586.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

586.10

1) SUBTOTALS This Period This Page (optional).....	▶	586.10
2) TOTALS This Period (last page this line number only).....	▶	3587167.22
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	11500000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	15087167.22

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C00000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
Glenn Carlyle Nye, III

Calendar Year-To-Date Per Election for Office Sought: 0.00

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
Thelma Drake

Calendar Year-To-Date Per Election for Office Sought: 0.00

Date: 10 / 17 / 2008

Amount: 3446.40

Transaction ID: SE-853862

Office Sought: House State: VA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify): _____
2008

[MEMO ITEM]
Date of Dissemination 10/17/08
SE Memo Entry

Date: 10 / 17 / 2008

Amount: 3446.39

Transaction ID: SE-853863

Office Sought: House State: VA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify): _____
2008

[MEMO ITEM]
Date of Dissemination 10/17/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date: 08 / 03 / 2009

A. Form/Schedule : **SE**

Transaction ID :

The independent expenditures listed on Schedule E were not made in cooperation or consultation with any candidate, or any authorized committee or agent of any candidate, or made in concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of any candidate. The expenditures are properly reported on Schedule E.

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C00000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Steven Driehaus

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Amount
5354.84

Transaction ID: SE-853899

Office Sought: House State: OH
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/18/08
SE Memo Entry

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Steve Chabot

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Amount
5354.84

Transaction ID: SE-853900

Office Sought: House State: OH
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/18/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
Larry Kissell

Calendar Year-To-Date Per Election for Office Sought: 0.00

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
Robert (Robin) C Hayes

Calendar Year-To-Date Per Election for Office Sought: 0.00

Date: 10 / 18 / 2008

Amount: 3113.14

Transaction ID: SE-853903

Office Sought: House State: NC
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify): _____
2008

[MEMO ITEM]
Date of Dissemination 10/18/08
SE Memo Entry

Date: 10 / 18 / 2008

Amount: 3113.14

Transaction ID: SE-853904

Office Sought: House State: NC
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify): _____
2008

[MEMO ITEM]
Date of Dissemination 10/18/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date: 08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C00000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Bobby Neal Bright, Sr.

Calendar Year-To-Date Per Election for Office Sought 3798.70

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Jay Love

Calendar Year-To-Date Per Election for Office Sought 3798.70

Date
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Amount
5150.77

Transaction ID: SE-854907

Office Sought: House State: AL
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/20/08
SE Memo Entry

Date
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Amount
5150.77

Transaction ID: SE-854908

Office Sought: House State: AL
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/20/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
Charles D Brown

Calendar Year-To-Date Per Election for Office Sought: 0.00

Date: 10 / 21 / 2008

Amount: 1977.97

Transaction ID: SE-855055

Office Sought: House State: CA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/21/08
SE Memo Entry

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
Thomas McClintock

Calendar Year-To-Date Per Election for Office Sought: 0.00

Date: 10 / 21 / 2008

Amount: 1977.96

Transaction ID: SE-855056

Office Sought: House State: CA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/21/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date: 08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER ▼ C C00000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Mary Jo Kilroy

Calendar Year-To-Date Per Election for Office Sought 5066.46

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Steve Stivers

Calendar Year-To-Date Per Election for Office Sought 5066.46

Date
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Amount
3540.95

Transaction ID: SE-855073

Office Sought: House State: OH
 Senate District: 15
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/21/08

SE Memo Entry
Date
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Amount
3540.95

Transaction ID: SE-855074

Office Sought: House State: OH
 Senate District: 15
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/21/08

SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER ▼ C C00000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Nicholas V. Lampson

Calendar Year-To-Date Per Election for Office Sought 0.00

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Peter G. Olson

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Amount
3001.24

Transaction ID: SE-855831

Office Sought: House State: TX
 Senate District: 22
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/23/08
SE Memo Entry

Date
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Amount
3001.24

Transaction ID: SE-855832

Office Sought: House State: TX
 Senate District: 22
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/23/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER ▼ C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Glenn Carlyle Nye, III

Calendar Year-To-Date Per Election for Office Sought 0.00

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Thelma Drake

Calendar Year-To-Date Per Election for Office Sought 0.00

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

Amount
3876.25

Transaction ID: SE-856049

Office Sought: House State: VA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/24/08
SE Memo Entry

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

Amount
3876.24

Transaction ID: SE-856050

Office Sought: House State: VA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/24/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Amount
2143.87

Transaction ID: SE-856379

Office Sought: House State: FL
 Senate District: 24
 Presidential

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Suzanne Kosmas

Calendar Year-To-Date Per Election
for Office Sought 12535.88

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/27/08
SE Memo Entry

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Amount
2143.86

Transaction ID: SE-856380

Office Sought: House State: FL
 Senate District: 24
 Presidential

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Tom Feeney

Calendar Year-To-Date Per Election
for Office Sought 12535.87

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/27/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Bobby Neal Bright, Sr.

Calendar Year-To-Date Per Election for Office Sought 3798.70

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Jay Love

Calendar Year-To-Date Per Election for Office Sought 3798.70

Date
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Amount
2855.64

Transaction ID: SE-856704

Office Sought: House State: AL
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/28/08
SE Memo Entry

Date
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Amount
2855.64

Transaction ID: SE-856705

Office Sought: House State: AL
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/28/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Larry Kissell

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Amount
3153.54

Transaction ID: SE-856729

Office Sought: House State: NC
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/28/08
SE Memo Entry

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Robert (Robin) C Hayes

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Amount
3153.54

Transaction ID: SE-856730

Office Sought: House State: NC
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/28/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C00000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
John P. Murtha

Calendar Year-To-Date Per Election for Office Sought: 0.00

Date: 10 / 28 / 2008

Amount: 4245.87

Transaction ID: SE-856741

Office Sought: House State: PA
 Senate District: 12
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/28/08
SE Memo Entry

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
William Russell

Calendar Year-To-Date Per Election for Office Sought: 0.00

Date: 10 / 28 / 2008

Amount: 4245.86

Transaction ID: SE-856742

Office Sought: House State: PA
 Senate District: 12
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/28/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date: 08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Glenn Carlyle Nye, III

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Amount
2155.24

Transaction ID: SE-856743

Office Sought: House State: VA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/28/08
SE Memo Entry

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Thelma Drake

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 8

Amount
2155.23

Transaction ID: SE-856744

Office Sought: House State: VA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/28/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Charles D Brown

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

Amount
3841.29

Transaction ID: SE-856882

Office Sought: House State: CA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]
Date of Dissemination 10/29/08
SE Memo Entry

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Thomas McClintock

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

Amount
3841.29

Transaction ID: SE-856883

Office Sought: House State: CA
 Senate District: 04
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 0.00

[MEMO ITEM]
Date of Dissemination 10/29/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
Mary Jo Kilroy

Calendar Year-To-Date Per Election for Office Sought: 5066.46

Date: 10 / 29 / 2008

Amount: 2610.42

Transaction ID: SE-856894

Office Sought: House State: OH
 Senate District: 15
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/29/08
SE Memo Entry

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City: Alexandria State: VA Zip Code: 22314

Purpose of Expenditure: Media Production Category/Type: 004

Name of Federal Candidate supported or Opposed by expenditure:
Steve Stivers

Calendar Year-To-Date Per Election for Office Sought: 5066.46

Date: 10 / 29 / 2008

Amount: 2610.42

Transaction ID: SE-856895

Office Sought: House State: OH
 Senate District: 15
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]
Date of Dissemination 10/29/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date: 08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER ▼ C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City	State	Zip Code
Alexandria	VA	22314

Purpose of Expenditure Media Production	Category/ Type 004
--	---

Name of Federal Candidate supported or Opposed by expenditure:
Bobby Neal Bright, Sr.

Calendar Year-To-Date Per Election for Office Sought	3798.70
---	---

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City	State	Zip Code
Alexandria	VA	22314

Purpose of Expenditure Media Production	Category/ Type 004
--	---

Name of Federal Candidate supported or Opposed by expenditure:
Jay Love

Calendar Year-To-Date Per Election for Office Sought	3798.70
---	---

Date
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Amount
2831.99

Transaction ID: SE-857032

Office Sought: House State: AL
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

[MEMO ITEM]
Date of Dissemination 10/31/08
SE Memo Entry

Date
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Amount
2831.99

Transaction ID: SE-857033

Office Sought: House State: AL
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

[MEMO ITEM]
Date of Dissemination 10/31/08
SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date 0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER ▼ C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Steven Driehaus

Calendar Year-To-Date Per Election for Office Sought 0.00

Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Amount
4412.45

Transaction ID: SE-861723

Office Sought: House State: OH
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]

Date of Dissemination 10/27/08

SE Memo Entry

Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Amount
4412.45

Transaction ID: SE-861724

Office Sought: House State: OH
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

[MEMO ITEM]

Date of Dissemination 10/27/08

SE Memo Entry

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Mary Jo Kilroy

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

Amount
5066.46

Transaction ID: SE-860976

Office Sought: House State: OH
 Senate District: 15
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/11/08

Calendar Year-To-Date Per Election
for Office Sought 10132.92

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Steve Stivers

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

Amount
5066.46

Transaction ID: SE-860977

Office Sought: House State: OH
 Senate District: 15
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/11/08

Calendar Year-To-Date Per Election
for Office Sought 10132.92

(a) SUBTOTAL of Itemized Independent Expenditures	10132.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER ▼ C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City	State	Zip Code
Alexandria	VA	22314

Purpose of Expenditure Media Production	Category/ Type
	004

Name of Federal Candidate supported or Opposed by expenditure:
Bobby Neal Bright, Sr.

Calendar Year-To-Date Per Election for Office Sought	7597.40
---	---------

Date

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

Amount

3798.70

Transaction ID: SE-860978

Office Sought: House State: AL
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Date of Dissemination 10/13/08

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City	State	Zip Code
Alexandria	VA	22314

Purpose of Expenditure Media Production	Category/ Type
	004

Name of Federal Candidate supported or Opposed by expenditure:
Jay Love

Calendar Year-To-Date Per Election for Office Sought	7597.40
---	---------

Date

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

Amount

3798.70

Transaction ID: SE-860979

Office Sought: House State: AL
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Date of Dissemination 10/13/08

(a) SUBTOTAL of Itemized Independent Expenditures	7597.40
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER ▼ C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City	State	Zip Code
Alexandria	VA	22314

Purpose of Expenditure Media Production	Category/ Type
	004

Name of Federal Candidate supported or Opposed by expenditure:
Travis W. Childers

Calendar Year-To-Date Per Election for Office Sought	11154.50
---	----------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
5577.25

Transaction ID: SE-860980

Office Sought:	<input checked="" type="checkbox"/> House	State: MS
	<input type="checkbox"/> Senate	District: 01
	<input type="checkbox"/> Presidential	

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Date of Dissemination 10/14/08

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City	State	Zip Code
Alexandria	VA	22314

Purpose of Expenditure Media Production	Category/ Type
	004

Name of Federal Candidate supported or Opposed by expenditure:
Charles Gregory Davis

Calendar Year-To-Date Per Election for Office Sought	11154.50
---	----------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
5577.25

Transaction ID: SE-860981

Office Sought:	<input checked="" type="checkbox"/> House	State: MS
	<input type="checkbox"/> Senate	District: 01
	<input type="checkbox"/> Presidential	

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Date of Dissemination 10/14/08

(a) SUBTOTAL of Itemized Independent Expenditures	11154.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Suzanne Kosmas

Calendar Year-To-Date Per Election for Office Sought 25071.75

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
11799.63

Transaction ID: SE-860982

Office Sought: House State: FL
 Senate District: 24
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/15/08

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Tom Feeney

Calendar Year-To-Date Per Election for Office Sought 25071.75

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
11799.62

Transaction ID: SE-860983

Office Sought: House State: FL
 Senate District: 24
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/15/08

(a) SUBTOTAL of Itemized Independent Expenditures	23599.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Suzanne Kosmas

Calendar Year-To-Date Per Election for Office Sought	25071.75
---	----------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
736.25

Transaction ID: SE-860984

Office Sought: House State: FL
 Senate District: 24
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/17/08

Full Name (Last, First, Middle, Initial) of Payee
Murphy Putnam Media, LLC

Mailing Address
901 N. Washington Street
Suite 400

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Tom Feeney

Calendar Year-To-Date Per Election for Office Sought	25071.75
---	----------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
736.25

Transaction ID: SE-860985

Office Sought: House State: FL
 Senate District: 24
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/17/08

(a) SUBTOTAL of Itemized Independent Expenditures	1472.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City Philadelphia	State PA	Zip Code 19103
----------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Gary Peters

Calendar Year-To-Date Per Election for Office Sought	14751.24
---	----------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
7375.62

Transaction ID: SE-860989

Office Sought: House State: MI
 Senate District: 09
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/12/08

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City Philadelphia	State PA	Zip Code 19103
----------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Joseph K Knollenberg

Calendar Year-To-Date Per Election for Office Sought	14751.24
---	----------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
7375.62

Transaction ID: SE-860990

Office Sought: House State: MI
 Senate District: 09
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/12/08

(a) SUBTOTAL of Itemized Independent Expenditures	14751.24
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City Philadelphia	State PA	Zip Code 19103
----------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Jerry McNerney

Calendar Year-To-Date Per Election for Office Sought	9088.49
---	---------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
4544.25

Transaction ID: SE-860991

Office Sought: House State: CA
 Senate District: 11
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Date of Dissemination 10/15/08

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City Philadelphia	State PA	Zip Code 19103
----------------------	-------------	-------------------

Purpose of Expenditure Media Production	Category/ Type 004
--	--------------------------

Name of Federal Candidate supported or Opposed by expenditure:
Dean Andal

Calendar Year-To-Date Per Election for Office Sought	9088.49
---	---------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
4544.24

Transaction ID: SE-860992

Office Sought: House State: CA
 Senate District: 11
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Date of Dissemination 10/15/08

(a) SUBTOTAL of Itemized Independent Expenditures	9088.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City	State	Zip Code
Philadelphia	PA	19103

Purpose of Expenditure Media Production	Category/ Type
	004

Name of Federal Candidate supported or Opposed by expenditure:
John Adler

Calendar Year-To-Date Per Election for Office Sought	12616.31
---	----------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
6147.66

Transaction ID: SE-860993

Office Sought: House State: NJ
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Date of Dissemination 10/15/08

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City	State	Zip Code
Philadelphia	PA	19103

Purpose of Expenditure Media Production	Category/ Type
	004

Name of Federal Candidate supported or Opposed by expenditure:
Chris Myers

Calendar Year-To-Date Per Election for Office Sought	12616.31
---	----------

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
6147.65

Transaction ID: SE-860994

Office Sought: House State: NJ
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Date of Dissemination 10/15/08

(a) SUBTOTAL of Itemized Independent Expenditures	12295.31
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City State Zip Code
Philadelphia PA 19103

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Walter Clifford Minnick

Calendar Year-To-Date Per Election for Office Sought 15618.20

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
7809.10

Transaction ID: SE-860995

Office Sought: House State: ID
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/17/08

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City State Zip Code
Philadelphia PA 19103

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
William Sali

Calendar Year-To-Date Per Election for Office Sought 15618.20

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
7809.10

Transaction ID: SE-860996

Office Sought: House State: ID
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/17/08

(a) SUBTOTAL of Itemized Independent Expenditures	15618.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City Philadelphia State PA Zip Code 19103

Purpose of Expenditure Media Production Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
John Adler

Calendar Year-To-Date Per Election for Office Sought 12616.31

Full Name (Last, First, Middle, Initial) of Payee
Shorr Johnson Magnus Media

Mailing Address
1831 Chestnut St
Suite 602

City Philadelphia State PA Zip Code 19103

Purpose of Expenditure Media Production Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Chris Myers

Calendar Year-To-Date Per Election for Office Sought 12616.31

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
160.50

Transaction ID: SE-860997

Office Sought: House State: NJ
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 09/23/08;
Originally estimated at \$11875.83

Date
MM / DD / YYYY
02 / 10 / 2009

Amount
160.50

Transaction ID: SE-860998

Office Sought: House State: NJ
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 09/23/08;
Originally estimated at \$11875.83

(a) SUBTOTAL of Itemized Independent Expenditures	321.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
4874.81

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861464

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: CO
 Senate District: 04
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Elizabeth Markey

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
9749.62

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/14/08

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
4874.81

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861465

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: CO
 Senate District: 04
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Marilyn Musgrave

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
9749.62

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/14/08

(a) SUBTOTAL of Itemized Independent Expenditures	9749.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
14069.65

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861466

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: MI
 Senate District: 07
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Mark Hamilton Schauer

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
28355.30

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/14/08

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
14069.65

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861467

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: MI
 Senate District: 07
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Timothy L Walberg

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
28355.30

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/14/08

(a) SUBTOTAL of Itemized Independent Expenditures	28139.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
4652.68

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861468

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: NV
 Senate District: 03
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Dina Titus

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
9305.36

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/14/08

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
4652.68

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861469

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: NV
 Senate District: 03
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
John Porter

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
9305.36

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/14/08

(a) SUBTOTAL of Itemized Independent Expenditures	9305.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

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

Mailing Address
300 N. Lee Street
Suite 500

Amount
4349.55

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861470

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: NY
 Senate District: 29
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Eric Massa

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
8699.09

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/14/08

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

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

Mailing Address
300 N. Lee Street
Suite 500

Amount
4349.54

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861471

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: NY
 Senate District: 29
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
John Kuhl

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
8699.09

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 10/14/08

(a) SUBTOTAL of Itemized Independent Expenditures	8699.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
108.00

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861472
Office Sought: House State: AZ
 Senate District: 05
 Presidential

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Harry Mitchell

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
216.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date of Dissemination 09/29/08;
Originally estimated at \$8848.
Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
108.00

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861473
Office Sought: House State: AZ
 Senate District: 05
 Presidential

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
David Schweikert

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
216.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 09/29/08;
Originally estimated at \$8848.
60

(a) SUBTOTAL of Itemized Independent Expenditures	216.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

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

Mailing Address
300 N. Lee Street
Suite 500

Amount
108.00

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861474
Office Sought: House State: MI
 Senate District: 07
 Presidential

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Mark Hamilton Schauer

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
28355.30

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date of Dissemination 09/19/08;
Originally estimated at \$8497.
00

Mailing Address
300 N. Lee Street
Suite 500

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

City State Zip Code
Alexandria VA 22314

Amount
108.00

Purpose of Expenditure Category/Type
Media Production 004

Transaction ID: SE-861475
Office Sought: House State: MI
 Senate District: 07
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Timothy L Walberg

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
28355.30

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	216.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER ▼ C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

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

Mailing Address
300 N. Lee Street
Suite 500

Amount
98.00

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861476

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: NJ
 Senate District: 07
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Linda Stender

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
412.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date of Dissemination 09/09/08;
Originally estimated at \$12340.
Date

Mailing Address
300 N. Lee Street
Suite 500

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

City State Zip Code
Alexandria VA 22314

Amount
98.00

Purpose of Expenditure Category/Type
Media Production 004

Transaction ID: SE-861477

Name of Federal Candidate supported or Opposed by expenditure:
Leonard Lance

Office Sought: House State: NJ
 Senate District: 07
 Presidential

Calendar Year-To-Date Per Election for Office Sought
412.00

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 09/09/08;
Originally estimated at \$12340.
.96

(a) SUBTOTAL of Itemized Independent Expenditures	196.00
(b) SUBTOTAL of Unitemized Independent Expenditures	_____
(c) TOTAL Independent Expenditures	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
108.00

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861478
Office Sought: House State: NJ
 Senate District: 07
 Presidential

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Linda Stender

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
412.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date of Dissemination 09/30/08;
Originally estimated at \$9100.
Date
MM / DD / YYYY
02 / 27 / 2009

Mailing Address
300 N. Lee Street
Suite 500

Amount
108.00

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861479
Office Sought: House State: NJ
 Senate District: 07
 Presidential

Purpose of Expenditure Category/Type
Media Production 004

Name of Federal Candidate supported or Opposed by expenditure:
Leonard Lance

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
412.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 09/30/08;
Originally estimated at \$9100.
85

(a) SUBTOTAL of Itemized Independent Expenditures	216.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date MM / DD / YYYY
08 / 03 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	FEC IDENTIFICATION NUMBER C C0000935
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

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

Mailing Address
300 N. Lee Street
Suite 500

Amount
108.00

City State Zip Code
Alexandria VA 22314

Transaction ID: SE-861480

Purpose of Expenditure Category/Type
Media Production 004

Office Sought: House State: VA
 Senate District: 11
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Gerry Connolly

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
216.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
McMahon, Squier, Lapp and Associates

Date of Dissemination 09/23/08;

Originally estimated at \$7263.

Mailing Address
300 N. Lee Street
Suite 500

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

City State Zip Code
Alexandria VA 22314

Amount
108.00

Purpose of Expenditure Category/Type
Media Production 004

Transaction ID: SE-861481

Name of Federal Candidate supported or Opposed by expenditure:
Keith S. Fimian

Office Sought: House State: VA
 Senate District: 11
 Presidential

Calendar Year-To-Date Per Election for Office Sought
216.00

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Date of Dissemination 09/23/08;

Originally estimated at \$7263.

(a) SUBTOTAL of Itemized Independent Expenditures	216.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	162984.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan S. Vogel
Signature

Date M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 475

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Jane Markham Abel

Mailing Address 900 University St. Apt. 2T

City State Zip Code
Seattle WA 98101

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt

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

Transaction ID: C6004913

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Michael Albo

Mailing Address 1621 Cypress Ave.

City State Zip Code
San Diego CA 92103

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

Name of Employer Information Requested Occupation Information Requested
U C S D Physician

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

Date of Receipt

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

Transaction ID: C5981658

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address Ste. 201
1127 Pope St.

City State Zip Code
Saint Helena CA 94574

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

Name of Employer Information Requested Occupation Information Requested
Alioto & Alioto Llp Attorney

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

Date of Receipt

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

Transaction ID: C5976731

Amount of Each Receipt this Period

220.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA**

Transaction ID :

Schedule A supporting Line 17 discloses payment(s) from American List Counsel, Inc. in consideration for the rental of lists that were developed by the Committee for its own political and campaign purposes. These payments reflect the usual and normal charge for the lists, which have an ascertainable value. The amounts of the payments were determined by looking to the amounts paid for similar lists under normal commercial practices.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Delores Sites Alt

Mailing Address Hc 33 Box 986

City Petersburg State WV Zip Code 26847

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: MM / DD / YYYY
02 / 10 / 2009

Transaction ID: C5989516

Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
Delores Sites Alt

Mailing Address Hc 33 Box 986

City Petersburg State WV Zip Code 26847

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C6003723

Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
Linda L. Alter

Mailing Address 210 W Rittenhouse Sq Apt 1506

City Philadelphia State PA Zip Code 19103

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

Name of Employer Self-Employed Occupation Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C5984611

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1220.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Carolyn Ammon
Mailing Address 4910 W 87th Ter.
City State Zip Code
Prairie Vlg KS 66207
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00
Date of Receipt 02 / 23 / 2009
Transaction ID: C5986842
Amount of Each Receipt this Period 209.00

B. Full Name (Last, First, Middle Initial)
Earl A Armbrust
Mailing Address 267 Point Farm
133 Riverview Dr.
City State Zip Code
Dagsboro DE 19939
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 02 / 09 / 2009
Transaction ID: C5972137
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Daniel Aronson
Mailing Address 490 E Prospect Ave
City State Zip Code
Mount Vernon NY 10553-1120
FEC ID number of contributing federal political committee. **C**
Name of Employer CDC Management Corp Occupation Accountant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 12 / 2009
Transaction ID: C5988092
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1574.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
David F. Ashe

Mailing Address 70 Woodlawn Ave
Apt 40

City Ansonia State CT Zip Code 06401-1471

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: C5973490

Amount of Each Receipt this Period 240.00

B. Full Name (Last, First, Middle Initial)
James K Avery

Mailing Address 2475 Placid Way

City Ann Arbor State MI Zip Code 48105-1272

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5979007

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Joan Axelson

Mailing Address 167 Camino Del Sol

City Vallejo State CA Zip Code 94591-6446

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Musician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 26 / 2009

Transaction ID: C6000269

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
James R. Bailey

Mailing Address 3855 Pegg Ave

City Columbus State OH Zip Code 43214-3415

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 02 / 05 / 2009

Transaction ID: C5994151

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Sandra Y. Bainum

Mailing Address 12 Primrose St

City Chevy Chase State MD Zip Code 20815-4229

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C5971679

Amount of Each Receipt this Period 30400.00

C.

Full Name (Last, First, Middle Initial)
Stewart Bainum

Mailing Address 12 Primrose St

City Chevy Chase State MD Zip Code 20815-4229

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

Name of Employer Choice Hotels International Occupation Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C5971681

Amount of Each Receipt this Period 30400.00

SUBTOTAL of Receipts This Page (optional) ► 60900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Dale E. Baker

Mailing Address One American Square

City State Zip Code
Indianapolis IN 46282

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

Name of Employer Occupation
Baker Health Care Consult- Hospital Financial Consul-
ing

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

Date of Receipt

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

Transaction ID: C6001925

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Mary E. Bane

Mailing Address 3800 Fairfax Dr
Apt 1003

City State Zip Code
Arlington VA 22203-1718

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5972351

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)
Anne Bartley

Mailing Address 3580 Clay St

City State Zip Code
San Francisco CA 94118-1839

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

Name of Employer Occupation
Self-Employed Investor

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

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

Transaction ID: C5971673

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Ester Bates

Mailing Address 411 Wabash Ave.

City Buffalo State NY Zip Code 14217

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2009
Transaction ID: C5988388
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
David Elliott Bell

Mailing Address 2415 Andorra Place

City Reston State VA Zip Code 20191

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 05 / 2009
Transaction ID: C5994538
 Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Erma B. Bennett

Mailing Address 1002 Salzedo St
Apt 11

City Coral Gables State FL Zip Code 33134-2830

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 02 / 20 / 2009
Transaction ID: C5977895
 Amount of Each Receipt this Period 2400.00

SUBTOTAL of Receipts This Page (optional) ► 2950.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Z. P. Berberian
 Mailing Address 4858 Commonwealth Ave.
 City State Zip Code
La Canada Flt CA 91011-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt: 02 / 19 / 2009
Transaction ID: C5980092
 Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Harvey Skip Berg
 Mailing Address 2330 Marinship Way Ste 301
 City State Zip Code
Sausalito CA 94965-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Berg Holdings Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30400.00
 Date of Receipt: 02 / 17 / 2009
Transaction ID: C5942169
 Amount of Each Receipt this Period: 30400.00

C. Full Name (Last, First, Middle Initial)
Leonard Berlik
 Mailing Address 66 Witherspoon St # 106
 City State Zip Code
Princeton NJ 08542-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Mgt. Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt: 02 / 24 / 2009
Transaction ID: C5976697
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 31700.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

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

Mailing Address PO Box 258

City Livingston State TN Zip Code 38570-0258

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C5983409

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Simone Bishop

Mailing Address 1 Alverno Ct.

City Redwood City State CA Zip Code 94061

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C6002933

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Richard L. Bloch

Mailing Address PO Box 2569

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer Self-Employed Occupation Personal Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971712

Amount of Each Receipt this Period
30400.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

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

Mailing Address 2426 N Terrace Ave

City Milwaukee State WI Zip Code 53211-4511

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5980229

Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
E. R. Braithwaite

Mailing Address 2737 Devonshire PI NW Apt 212

City Washington State DC Zip Code 20008-3468

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5978657

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Louise M. Brooks

Mailing Address 628 Webster St NW

City Washington State DC Zip Code 20011-4656

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 257.00

Date of Receipt MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5988036

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Anne M. Brownell

Mailing Address 122 Duke's County Ave.

City State Zip Code
Oak Bluffs MA 02557

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Lic. Mental Health Counsellor/voice Mo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2009

Transaction ID: C5992893

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Margaret Bruce

Mailing Address 58 Washburn Rd

City State Zip Code
Mount Kisco NY 10549-1314

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2009

Transaction ID: C5978556

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Crystal Bryson

Mailing Address 11377 W Olympic Blvd
900

City State Zip Code
Los Angeles CA 90064-1625

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Paralegal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2009

Transaction ID: C5985540

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Gaelen Burgess

Mailing Address 814 Greenway Ter
719 Winston Ave.

City State Zip Code
Kansas City MO 64113-1538

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 02 / 10 / 2009
Transaction ID: C5973513
Amount of Each Receipt this Period: 209.00

B. Full Name (Last, First, Middle Initial)
George M. Byrne

Mailing Address 528 Meadowview Dr.

City State Zip Code
La Canada Flintrid CA 91011

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 18 / 2009
Transaction ID: C6001828
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mary Callahan

Mailing Address 5000 Battery Lane Apt. 304

City State Zip Code
Bethesda MD 20814-2643

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 19 / 2009
Transaction ID: C5978841
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1209.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial) Dennis M. Cannon		Date of Receipt MM / DD / YYYY 02 / 11 / 2009
Mailing Address 6827 4th St NW Apt 114		Transaction ID: C6006411
City Washington	State DC	Zip Code 20012-1945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US Access Board	Occupation Transportation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Charles R. Carter		Date of Receipt MM / DD / YYYY 02 / 18 / 2009
Mailing Address 2604 Kona Ln.		Transaction ID: C5981783
City Anchorage	State AK	Zip Code 99517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Damon M. M. Cathey		Date of Receipt MM / DD / YYYY 02 / 25 / 2009
Mailing Address 530 Buckingham Rd Apt 711		Transaction ID: C5985522
City Richardson	State TX	Zip Code 75081-5732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tektronix	Occupation Computer Programmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 80 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Sandra B. Chasalow

Mailing Address 1290 Frontera Way
2523 Hastings Dr.

City Millbrae State CA Zip Code 94030

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

Name of Employer Tercica Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: C5986864

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Gilbert Chavez

Mailing Address 13659 Victory Blvd. # 201

City Van Nuys State CA Zip Code 91401

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

Name of Employer United Remodling Cont In-c. Occupation Contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: C6002839

Amount of Each Receipt this Period
350.00

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

Mailing Address 377 Smith St. # 6

City Perth Amboy State NJ Zip Code 08861

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

Name of Employer Century Distribution Corporation Ediso Occupation Warehouse Worker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

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

Transaction ID: C6001496

Amount of Each Receipt this Period
230.00

SUBTOTAL of Receipts This Page (optional) ► **1080.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Allan C. Christman

Mailing Address 175 Highland Dr.

City State Zip Code
Williamsville NY 14221

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.00

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

Transaction ID: C5976338

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Marceau Clermont

Mailing Address 825 E 21st St.

City State Zip Code
Brooklyn NY 11210

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5981475

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
James Codiga

Mailing Address 12529 50th PI S

City State Zip Code
Seattle WA 98178-3431

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

Name of Employer Self-Employed Occupation Farmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C6000114

Amount of Each Receipt this Period
200.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Carol Cole

Mailing Address 135 Eastern Parkway
Apt. 9G

City State Zip Code
Brooklyn NY 11238-6024

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5973872

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)
Susan Colvin

Mailing Address 1568 Greens Dr

City State Zip Code
Chino Hills CA 91709-2273

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

Name of Employer Occupation
Chilternoc Exotic/Novelties L Manager

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

Date of Receipt

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

Transaction ID: C5978950

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
James P. Comer

Mailing Address PO Box 6557

City State Zip Code
Hamden CT 06517-0557

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

Name of Employer Occupation
Information Requested Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: C5993220

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional) ▶

908.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

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

Mailing Address 1510 E 10th Ave
Apt 11W

City State Zip Code
Denver CO 80218-3105

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Transaction ID: C5982966

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Jill K. Conway

Mailing Address 65 Commonwealth Ave
8B

City State Zip Code
Boston MA 02116-2304

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

Name of Employer Occupation
Self-Employed Writer

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

Date of Receipt

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

Transaction ID: C5974023

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Bruce C. Conybeare

Mailing Address 3678 Woodgate Dr.

City State Zip Code
Saint Joseph MI 49085

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5975645

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional) ▶

1900.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Thomas R. Cooney

Mailing Address 531 Dexter Ave.

City State Zip Code
Scranton PA 18504

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: C5994578

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Thomas R. Cooney

Mailing Address 531 Dexter Ave.

City State Zip Code
Scranton PA 18504

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: C5994579

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Shirley Cooper

Mailing Address 2423 Bonnywood Ln

City State Zip Code
Dallas TX 75233-2801

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C5983960

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Howard Cords

Mailing Address 26622 S Trevino Dr.

City State Zip Code
Sun Lakes AZ 85248

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 02 / 06 / 2009
Transaction ID: C5981484
Amount of Each Receipt this Period: 209.00

B. Full Name (Last, First, Middle Initial)
Joseph W. Cotchett

Mailing Address 840 Malcolm Rd Ste 200

City State Zip Code
Burlingame CA 94010-1413

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971702
Amount of Each Receipt this Period: 30400.00

C. Full Name (Last, First, Middle Initial)
James G. Coulter

Mailing Address 301 Commerce Street Suite 3300

City State Zip Code
Fort Worth TX 76102

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

Name of Employer TPG Capital Occupation Founding Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971709
Amount of Each Receipt this Period: 30400.00

SUBTOTAL of Receipts This Page (optional) ► 61009.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

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

Mailing Address 4 Devonshire Way

City State Zip Code
Flora MS 39071

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

Name of Employer Occupation
Phelps Dunbar LLP Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5991013

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Andrew S. Crichton

Mailing Address PO Box 129

City State Zip Code
Bondville VT 05340-0129

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5993716

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Andrew S. Crichton

Mailing Address PO Box 129

City State Zip Code
Bondville VT 05340-0129

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5993715

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 87 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
William Crocker
 Mailing Address 4 Chalfont Ct
 City State Zip Code
Bethesda MD 20816-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 9
Transaction ID: C5983809
 Amount of Each Receipt this Period 2000.00

B. Full Name (Last, First, Middle Initial)
James F. Crow
 Mailing Address 24 Glenway St Unit 206
 City State Zip Code
Madison WI 53705-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9
Transaction ID: C5972100
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
John Cunningham
 Mailing Address 970 Tulare Ave
 City State Zip Code
Albany CA 94707-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9
Transaction ID: C6000462
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 88 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Raymond P. Daddazio

Mailing Address 771 W End Ave

City State Zip Code
New York NY 10025-5572

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

Name of Employer Weidlinger Associates Occupation Engineer

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

Date of Receipt

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

Transaction ID: C5971773

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Anton Dainty

Mailing Address 12504 N Lake Ct

City State Zip Code
Fairfax VA 22033-4303

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

Name of Employer Federal Govt Occupation Scientist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 445.00

Date of Receipt

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

Transaction ID: C5977112

Amount of Each Receipt this Period
445.00

C. Full Name (Last, First, Middle Initial)
Brit J. Darbeloff

Mailing Address 20 Dudley St

City State Zip Code
Brookline MA 02445-5902

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

Name of Employer N/A Occupation Retired

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

Date of Receipt

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

Transaction ID: C5979167

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **7445.00**

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

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

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

FOR LINE NUMBER: PAGE 89 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
James Deal

Mailing Address 3501 Thurston Ave
Ste 200

City Anoka State MN Zip Code 55303-1062

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

Name of Employer N A U Company Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 02 / 26 / 2009
Transaction ID: C5971657
Amount of Each Receipt this Period 30400.00

B. Full Name (Last, First, Middle Initial)
Pamela S. Deal

Mailing Address PO Box 159
16191 Makah St. NW

City Anoka State MN Zip Code 55303-0159

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 02 / 27 / 2009
Transaction ID: C5971698
Amount of Each Receipt this Period 29400.00

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

Mailing Address 3221 Parr Rd

City Grapevine State TX Zip Code 76051-5610

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

Name of Employer Crescent Real Estate Occupation Managing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 05 / 2009
Transaction ID: C5976909
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 60300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Barbara K. Decoster

Mailing Address 17 Martha Ln

City State Zip Code
Evanston IL 60201-2121

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C6000327

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Anne Delaney

Mailing Address 467 W 21st St

City State Zip Code
New York NY 10011-2943

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

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5979014

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Nelson Van Den Blink

Mailing Address 100 W 4th St
Hillard Corp

City State Zip Code
Elmira NY 14901

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

Name of Employer The Hilliard Corp Occupation Chairman Ceo Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5979609

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
A. Richard Diebold, Jr.

Mailing Address 2140 E 3rd St

City Tucson State AZ Zip Code 85719-5105

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 06 / 2009
Transaction ID: C5978091
Amount of Each Receipt this Period: 2000.00

B.

Full Name (Last, First, Middle Initial)
Diane T. Dodge

Mailing Address 6407 32nd Street NW

City Washington State DC Zip Code 20015

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

Name of Employer Teaching Strategies Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 9500.00

Date of Receipt: 02 / 05 / 2009
Transaction ID: C5942146
Amount of Each Receipt this Period: 9500.00

C.

Full Name (Last, First, Middle Initial)
Shirley J. Doe

Mailing Address RR 1 Box 86
2405 Patriot Hts.

City Carmel State CA Zip Code 93923-9803

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 25 / 2009
Transaction ID: C5985662
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **11800.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Curt Dombek

Mailing Address 2641 Nichols Canyon Road

City State Zip Code
Los Angeles CA 90046

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

Name of Employer Occupation
Bryan Cave Law Offices Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4750.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5971631

Amount of Each Receipt this Period
2375.00

B. Full Name (Last, First, Middle Initial)
James K. Donnell

Mailing Address 207 Norman Dr.

City State Zip Code
Cranberry Twp PA 16066-4233

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5977755

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Tommy Downing

Mailing Address 141 Penny Ln

City State Zip Code
Athens TX 75751-3247

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5999476

Amount of Each Receipt this Period
109.00

SUBTOTAL of Receipts This Page (optional) ► 2984.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 475
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Millard S. Drexler

Mailing Address 770 Broadway
Fl 12

City State Zip Code
Manhattan NY 10003-9522

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

Name of Employer Occupation
J Crew Group Chairman & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971774

Amount of Each Receipt this Period
30400.00

B. Full Name (Last, First, Middle Initial)
Sylvia K. Dreyfus

Mailing Address 300 Capri Ct

City State Zip Code
Greenville SC 29609-3086

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5977311

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Albert J. Dwoskin

Mailing Address 1255 Crest Ln

City State Zip Code
Mc Lean VA 22101-1837

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

Name of Employer Occupation
A.J. Dwoskin & Assoc. Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971778

Amount of Each Receipt this Period
30400.00

SUBTOTAL of Receipts This Page (optional) ▶ **61100.00**

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

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

Use separate schedule(s)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Jacque Eccles
Mailing Address 1109 Pearl St.
City Ypsilanti State MI Zip Code 48197-4620
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ Of Michigan Occupation Professor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 23 / 2009
Transaction ID: C5983741
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Rick Edson
Mailing Address 4520 East West Highway Suite 615
City Bethesda State MD Zip Code 20814
FEC ID number of contributing federal political committee. **C**
Name of Employer Housing Capital Advisors Inc. Occupation Real Estate Investment
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 26 / 2009
Transaction ID: C5971667
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Carol Egner
Mailing Address 2538 Countrylake Dr.
City Cincinnati State OH Zip Code 45233
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00
Date of Receipt 02 / 23 / 2009
Transaction ID: C5986950
Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ► 5458.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 475
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
John Elliot

Mailing Address 240 Capitol Street
Suite 500

City Charleston State WV Zip Code 25301

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

Name of Employer John Elliot Associates Occupation Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2009
Transaction ID: C5971637
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Lucia P. Ewing

Mailing Address RR 4 Box 304
501 Smithfield Rd.

City Contoocook State NH Zip Code 03229

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2009
Transaction ID: C5978843
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Lucia P. Ewing

Mailing Address RR 4 Box 304
501 Smithfield Rd.

City Contoocook State NH Zip Code 03229

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2009
Transaction ID: C5978844
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Sarah K. Faulkner
Mailing Address 108 Sumach Street
City State Zip Code
Lookout Mtn TN 37350
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00
Date of Receipt 02 / 24 / 2009
Transaction ID: C6001250
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Robert L. Feldman
Mailing Address 5358 Meaders Ln.
City State Zip Code
Dallas TX 75229-6648
FEC ID number of contributing federal political committee. **C**
Name of Employer Thomas Feldman Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 18 / 2009
Transaction ID: C5977093
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Richard Ferguson
Mailing Address 4421 Bluffview Blvd.
City State Zip Code
Dallas TX 75209
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 25 / 2009
Transaction ID: C6004442
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1458.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Phillip Ferro

Mailing Address 3330 Eager Rd.

City State Zip Code
Jamesville NY 13078

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

Name of Employer Occupation
SUNY Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: C5994923

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Gertrude H. Ffolliott

Mailing Address 442 Summit Ave
Apt 6

City State Zip Code
Saint Paul MN 55102-2628

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

Name of Employer Occupation
Regions Hospital Volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5993775

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Jerry Fiddler

Mailing Address 54 Domingo Ave

City State Zip Code
Berkeley CA 94705-2435

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

Name of Employer Occupation
Self-Employed Investor/Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971674

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► **15550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
W. L. Finger

Mailing Address 1102 Meadow Rdg

City State Zip Code
Redding CT 06896-3222

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C5980225

Amount of Each Receipt this Period
270.00

B.

Full Name (Last, First, Middle Initial)
Blair Fleischmann

Mailing Address 9575 Cunningham Rd.

City State Zip Code
Cincinnati OH 45243-1619

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C5986051

Amount of Each Receipt this Period
400.00

C.

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

Mailing Address 279 Pine St.

City State Zip Code
Somerset KY 42503-4909

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: C5974457

Amount of Each Receipt this Period
2250.00

SUBTOTAL of Receipts This Page (optional) ► 2920.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 99 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Charmaine J. Foltz

Mailing Address 603 Deerfield Ave.

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C6001991

Amount of Each Receipt this Period
111.00

B. Full Name (Last, First, Middle Initial)
Phillip Freidenreich

Mailing Address 347 Michael Rd.

City State Zip Code
Yardley PA 19067-1985

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

Name of Employer Information Requested Occupation Information Requested
Collagenex Pharmaceuticals Middle Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5973913

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Alison C. Fuller

Mailing Address 601 4th St
Ste 227

City State Zip Code
San Francisco CA 94107-1647

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

Name of Employer Information Requested Occupation Information Requested
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: C5973902

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **911.00**

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

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

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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Theresa Fulton

Mailing Address 17 Bridle Ln

City State Zip Code
Dryden NY 13053

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

Name of Employer Occupation
Cornell University Director of Training

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2009

Transaction ID: C6005389

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Norbert Gaelen

Mailing Address 20 Alan Dr.

City State Zip Code
Short Hills NJ 07078-2103

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

Name of Employer Occupation
One Gaelen Corp Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5973746

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joseph E. Gallo

Mailing Address 600 Yosemite Blvd

City State Zip Code
Modesto CA 95354-2760

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

Name of Employer Occupation
E & J Gallo Winery Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C5971642

Amount of Each Receipt this Period
15200.00

SUBTOTAL of Receipts This Page (optional) ► **15700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Mary C. Gallo

Mailing Address 865 Claus Rd

City Modesto State CA Zip Code 95357-0404

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C5971643

Amount of Each Receipt this Period 15200.00

B.

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

Mailing Address 220 University Ave

City Los Altos State CA Zip Code 94022-3515

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5971635

Amount of Each Receipt this Period 30400.00

C.

Full Name (Last, First, Middle Initial)
Celia Gilbert

Mailing Address 15 Gray Gdns W

City Cambridge State MA Zip Code 02138-2311

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Poet

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 05 / 2009

Transaction ID: C6006049

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 46600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Lorin Gill

Mailing Address 45090 Namoku St. Apt. 1402

City Kaneohe State HI Zip Code 96744

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt 02 / 03 / 2009

Transaction ID: C5994520

Amount of Each Receipt this Period 108.00

B. Full Name (Last, First, Middle Initial)
Ray Gillette

Mailing Address 936 Fisher Ln.

City Winnetka State IL Zip Code 60093-1563

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

Name of Employer Downtown Partners Chicago Occupation Advertising

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt 02 / 18 / 2009

Transaction ID: C5980652

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Ray Gillette

Mailing Address 936 Fisher Ln.

City Winnetka State IL Zip Code 60093-1563

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

Name of Employer Downtown Partners Chicago Occupation Advertising

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt 02 / 19 / 2009

Transaction ID: C5980651

Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ► 516.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
James F. Gilpin
Mailing Address 3641 Yosemite Dr
City State Zip Code
Salt Lake City UT 84109-2362
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 25 / 2009
Transaction ID: C5999913
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Alfred J. Giuffrida
Mailing Address 505 Montgomery St. Suite 2100
City State Zip Code
San Francisco CA 94111
FEC ID number of contributing federal political committee. **C**
Name of Employer Horsley Bridge Partners Occupation Investment Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00
Date of Receipt 02 / 27 / 2009
Transaction ID: C5971686
Amount of Each Receipt this Period 30400.00

C. Full Name (Last, First, Middle Initial)
Jere W. Glover
Mailing Address 1005 York Ln.
City State Zip Code
Annapolis MD 21403-4222
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 13 / 2009
Transaction ID: C5972114
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 31150.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

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

Mailing Address 965 S Gretna Green Way

City State Zip Code
Los Angeles CA 90049-5838

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: C5990123

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Emery Goff

Mailing Address 158 Middle St

City State Zip Code
Farmington ME 04938-6908

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

Name of Employer Self-Employed Occupation Antiques Dealer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: C5993914

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Peter Gold

Mailing Address 10601 Wilshire Blvd
Apt. 404

City State Zip Code
Los Angeles CA 90024-4518

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5980607

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Krista Goldberg

Mailing Address 39 West 925 Cutwood Ln.

City State Zip Code
Saint Charles IL 60175

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

Name of Employer Information Requested Occupation
Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5973616

Amount of Each Receipt this Period
220.00

B.

Full Name (Last, First, Middle Initial)
John D. Goldman

Mailing Address 2105 Woodside Rd

City State Zip Code
Woodside CA 94062-1100

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

Name of Employer N/A Occupation
Community Volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971725

Amount of Each Receipt this Period
30400.00

C.

Full Name (Last, First, Middle Initial)
Marcia L. Goldman

Mailing Address 42 Serrano Dr

City State Zip Code
Atherton CA 94027-3934

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

Name of Employer PACE School Occupation
School Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971724

Amount of Each Receipt this Period
30400.00

SUBTOTAL of Receipts This Page (optional) ► **61020.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Richard N. Goldman

Mailing Address PO Box 29904

City State Zip Code
San Francisco CA 94129

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

Name of Employer Occupation
Monte Vista Management Co. Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5971629

Amount of Each Receipt this Period
15200.00

B.

Full Name (Last, First, Middle Initial)
Joel Goldstein

Mailing Address 5900 Wilshirm Blvd. St.

City State Zip Code
Los Angeles CA 90036

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5994997

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Andy C. Goodrich

Mailing Address 962 S San Tomas Aquino Rd

City State Zip Code
Campbell CA 95008-4456

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

Name of Employer Occupation
Forte Design Systems Computer Programmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C6006932

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **15700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Gary Gray

Mailing Address 6116 Corsica Cir.

City State Zip Code
Long Beach CA 90803

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
218.00

Date of Receipt

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

Transaction ID: C5987587

Amount of Each Receipt this Period

218.00

B.

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

Mailing Address 100 Memorial Dr
Apt 114A

City State Zip Code
Cambridge MA 02239-0001

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

Name of Employer MIT Occupation Professor

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

Date of Receipt

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

Transaction ID: C5994309

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Carmel Greenberg

Mailing Address PO Box 1023

City State Zip Code
Ross CA 94957-1023

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

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
15200.00

Date of Receipt

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

Transaction ID: C5971640

Amount of Each Receipt this Period

15200.00

SUBTOTAL of Receipts This Page (optional)

15668.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Eric H. Greenberg
 Mailing Address P.O. Box 1023
 City State Zip Code
 Ross CA 94957
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 3 / 2 0 0 9
Transaction ID: C5971639
 Amount of Each Receipt this Period
 15200.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Innovation Investments, LLC President & CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 15200.00

B. Full Name (Last, First, Middle Initial)
Peggie Guanella
 Mailing Address 600 E Emma St.
 City State Zip Code
 Lafayette CO 80026-2233
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 9 / 2 0 0 9
Transaction ID: C5977257
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Homemaker
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

C. Full Name (Last, First, Middle Initial)
Lee Gunther Mohr
 Mailing Address 3 Hedge Row Rd.
 City State Zip Code
 Princeton NJ 08540
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 4 / 2 0 0 9
Transaction ID: C6003338
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Information Requested Information Requested
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► 16000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Aaron Gural</p> <p>Mailing Address 125 Park Ave Fl 11</p> <p>City State Zip Code New York NY 10017-5529</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Newmark Knight Frank Chairman Emeritus</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 30400.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 23 / 2009</p> <p>Transaction ID: C5971641</p> <p>Amount of Each Receipt this Period 30400.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Myrna R. Haft</p> <p>Mailing Address 25 Knollwood Road</p> <p>City State Zip Code Greenwich CT 06830</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation N/A Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 15000.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 27 / 2009</p> <p>Transaction ID: C5971704</p> <p>Amount of Each Receipt this Period 15000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Frederick C. Haggard</p> <p>Mailing Address 1839 Monroe St NW</p> <p>City State Zip Code Washington DC 20010-1014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Catapult Technology Consultant</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 256.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 12 / 2009</p> <p>Transaction ID: C5971923</p> <p>Amount of Each Receipt this Period 256.00</p>
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SUBTOTAL of Receipts This Page (optional)	45656.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 110 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Robert E. E. Haley

Mailing Address PO Box 354

City Gilbertsville State NY Zip Code 13776-0354

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C5973825

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Robert W Hall

Mailing Address PO Box 309
706 33rd St.

City Mooresville State IN Zip Code 46158-0309

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: C5973755

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mary Y. Hallab

Mailing Address 305 Zoll St.

City Warrensburg State MO Zip Code 64093-2448

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

Name of Employer Central Missouri State Univ Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: C5984058

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
William R. Hambrecht

Mailing Address Pier 1 Bay 3

City State Zip Code
San Francisco CA 94115-1100

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

Name of Employer Occupation
WR Hambrecht & Co. CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971726

Amount of Each Receipt this Period
15200.00

B.

Full Name (Last, First, Middle Initial)
Benjamin C. Hammett

Mailing Address 301 Lowell Ave

City State Zip Code
Palo Alto CA 94301-3812

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

Name of Employer Occupation
Self-Employed Psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C6000285

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Timothy Hanes

Mailing Address 2470 Oakleigh Ct NE

City State Zip Code
Atlanta GA 30345-3874

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

Name of Employer Occupation
Atlanta Radiology Consultants Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: C5973552

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **16700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 475
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Jane Hanson

Mailing Address 249 W 29th St
Apt 8S

City State Zip Code
New York NY 10001-5233

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

Name of Employer Millbank Tweed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 02 / 18 / 2009
Transaction ID: C5978547
Amount of Each Receipt this Period: 230.00

B.

Full Name (Last, First, Middle Initial)
Ronald Harris

Mailing Address 340 Farms Rd

City State Zip Code
Stamford CT 06903-2715

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

Name of Employer Bloomber Company Occupation Director of Engineering

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 03 / 2009
Transaction ID: C5993800
Amount of Each Receipt this Period: 500.00

C.

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

Mailing Address PO Box 68

City State Zip Code
Roxbury CT 06783

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

Name of Employer Havemeyer Management Services Inc Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2543.00

Date of Receipt: 02 / 09 / 2009
Transaction ID: C5942151
Amount of Each Receipt this Period: 2543.00

* In-Kind: catering and wine

SUBTOTAL of Receipts This Page (optional) ► 3273.00

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

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

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

FOR LINE NUMBER: PAGE 113 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Nancy W. Hawley

Mailing Address 720 W 44th St. Apt. 1003

City State Zip Code
Kansas City MO 64111

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

Name of Employer Information Requested Occupation
Widow

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C6001822

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carole Shorenstein Hays

Mailing Address 235 Montgomery Street
FL 16

City State Zip Code
San Francisco CA 94104

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

Name of Employer Self-Employed Occupation
Theatrical Production

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 28500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C5971638

Amount of Each Receipt this Period
28500.00

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

Mailing Address 702 S Linden Ave.

City State Zip Code
Pittsburgh PA 15208

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

Name of Employer Self-Employed Occupation
Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5982153

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 29250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

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

Mailing Address 190 Main St.

City State Zip Code
Cold Spring NY 10516-2403

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

Name of Employer Occupation
David Heberling Building Contractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C5981032

Amount of Each Receipt this Period
220.00

B.

Full Name (Last, First, Middle Initial)
Daniel Heitner

Mailing Address 2850 NW 56th St
Apt 401

City State Zip Code
Seattle WA 98107-4209

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5980200

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Alfred E. Heller

Mailing Address PO Box 247

City State Zip Code
Kentfield CA 94914-0247

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

Name of Employer Occupation
Self-Employed Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5942172

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► **16220.00**

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

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

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

FOR LINE NUMBER: PAGE 115 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
F. Warren Hellman

Mailing Address One Maritime Plaza
Suite 1200

City State Zip Code
San Francisco CA 94111

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

Name of Employer Occupation
Hellman & Friedman, LLC Private Equity Investments

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971722

Amount of Each Receipt this Period
30400.00

B. Full Name (Last, First, Middle Initial)
Patricia C. Hellman

Mailing Address One Maritime Plaza
Suite 1200

City State Zip Code
San Francisco CA 94111-3502

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

Name of Employer Occupation
N/A Homemaker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971721

Amount of Each Receipt this Period
30400.00

C. Full Name (Last, First, Middle Initial)
R. Lars Herseth

Mailing Address 39949 114th St.

City State Zip Code
Houghton SD 57449

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C6002381

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **61008.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Cheyrl D. Hess

Mailing Address 550 Colusa Ave

City State Zip Code
Berkeley CA 94707-1531

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

Name of Employer Self-Employed Occupation
CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C6006039

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Cheyrl D. Hess

Mailing Address 550 Colusa Ave

City State Zip Code
Berkeley CA 94707-1531

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

Name of Employer Self-Employed Occupation
CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C6006646

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Lawrence E. Hess

Mailing Address 6309 Cypress Point Rd

City State Zip Code
San Diego CA 92120-3816

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

Name of Employer Occupation
Lehbro's Limited Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C5971682

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **5200.00**

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

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

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

FOR LINE NUMBER: PAGE 117 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

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

Mailing Address 6309 Cypress Point Rd

City San Diego State CA Zip Code 92120-3816

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971683
 Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Alice M. Heuer

Mailing Address 2922 Druid Ln.

City Los Alamitos State CA Zip Code 90720

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 309.00

Date of Receipt: 02 / 18 / 2009
Transaction ID: C6001827
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Susan Hilderley

Mailing Address 861 Venezia Ave.

City Venice State CA Zip Code 90291

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt: 02 / 03 / 2009
Transaction ID: C5997995
 Amount of Each Receipt this Period: 208.00

SUBTOTAL of Receipts This Page (optional) ► **5308.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Dorothy Hines

Mailing Address PO Box 274

City Warren State VT Zip Code 05674-0274

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

Name of Employer N/A Occupation Unemployed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 20 / 2009
Transaction ID: C5978277
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Marjory E. Holder

Mailing Address 202 Flannery Fork Rd

City Blowing Rock State NC Zip Code 28605-9125

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

Name of Employer Self-Employed Occupation Psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: 02 / 25 / 2009
Transaction ID: C6000856
Amount of Each Receipt this Period: 1700.00

C. Full Name (Last, First, Middle Initial)
Judith Holt

Mailing Address 1 Westwood Ave.

City Bridgeport State WV Zip Code 26330

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 26 / 2009
Transaction ID: C5987285
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Andy Homer Skinner

Mailing Address 9 Harding Ln.

City State Zip Code
Marblehead MA 01945-2607

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: C5975187

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)
Ramon Hooper

Mailing Address 416 W Padre St
Apt 11

City State Zip Code
Santa Barbara CA 93105-4242

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

Name of Employer Occupation
Augustus Prada Landscaping

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

Date of Receipt

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

Transaction ID: C5993812

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Ramon Hooper

Mailing Address 416 W Padre St
Apt 11

City State Zip Code
Santa Barbara CA 93105-4242

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

Name of Employer Occupation
Augustus Prada Landscaping

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

Date of Receipt

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

Transaction ID: C5993813

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) ▶

630.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 475
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Tadashi T. Horino

Mailing Address 1790 Marich Way

City State Zip Code
Mountain View CA 94040-2315

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C5972383

Amount of Each Receipt this Period
210.00

B.

Full Name (Last, First, Middle Initial)
Henry G. Hudson

Mailing Address 34 Warren Dr.

City State Zip Code
Newport News VA 23608-2239

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

Name of Employer H G Hudson & Associates Occupation Management Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: C5972419

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Vester T. Hughes, Jr.

Mailing Address 1717 Main St Ste. 2800

City State Zip Code
Dallas TX 75201-4612

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

Name of Employer Hughes & Luce Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5983163

Amount of Each Receipt this Period
230.00

SUBTOTAL of Receipts This Page (optional) ► **690.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Robert Hummel

Mailing Address 1430 Fairbanks Dr.

City State Zip Code
Hanover MD 21076-1622

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

Name of Employer Self-Employed Occupation Exhibit Designe

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5978345

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Rosamond Isenberg

Mailing Address 2 N Breakers Row
Apt. S25

City State Zip Code
Palm Beach FL 33480-4040

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: C5972670

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Margaret C. Ives

Mailing Address 130D Seminary Ave.

City State Zip Code
Auburndale MA 02466

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5975914

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1240.00

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

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

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

FOR LINE NUMBER: PAGE 122 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Naren L. Jackson

Mailing Address 1507 Wilshire Blvd.

City State Zip Code
Arlington TX 76012

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2009

Transaction ID: C6006739

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Naren L. Jackson

Mailing Address 1507 Wilshire Blvd.

City State Zip Code
Arlington TX 76012

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5982146

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Elliot Jaffe

Mailing Address 43 Bayberrie Dr.

City State Zip Code
Stamford CT 06902

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: C5976162

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Theodore Jean-Francois

Mailing Address 3 Behnke Ct.

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Self-Employed Occupation
Physician

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

Date of Receipt

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

Transaction ID: C5975656

Amount of Each Receipt this Period
220.00

B.

Full Name (Last, First, Middle Initial)
John E. Jensen

Mailing Address 607 Meadow Ln.

City State Zip Code
Lemoore CA 93245-2036

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

Name of Employer N/A Occupation
Retired

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

Date of Receipt

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

Transaction ID: C5979230

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
William E. Jepsen

Mailing Address 1321 Meadowlark Dr.

City State Zip Code
Stillwater MN 55082-4639

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

Name of Employer Karon, Jepsen et al Occupation
Attorney

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

Date of Receipt

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

Transaction ID: C5999709

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

670.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Mobin Jiwani

Mailing Address 10713 N Ann Arbor Ave.

City State Zip Code
Oklahoma City OK 73162

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C5994846

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Alta Johnson

Mailing Address 3350 Edgewood Dr.

City State Zip Code
San Luis Obispo CA 93401

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: C6001739

Amount of Each Receipt this Period
200.00

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

Mailing Address 20103 Rustlewood Dr.

City State Zip Code
Humble TX 77338

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

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

Transaction ID: C6004473

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ▶ **558.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Robert A. Joseph

Mailing Address 5679 Monroe St. Apt. 1019
5679 Monroe St. Apt. 1019

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C5981979

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Mary Coker Joslin

Mailing Address 2431 W Lake Dr.

City State Zip Code
Raleigh NC 27609-7656

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: C5992926

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Mary Coker Joslin

Mailing Address 2431 W Lake Dr.

City State Zip Code
Raleigh NC 27609-7656

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: C6006186

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 475

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Mary Coker Joslin

Mailing Address 2431 W Lake Dr.

City Raleigh State NC Zip Code 27609-7656

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: C5999489

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Milton Jupiter

Mailing Address 441 N Oakhurst Dr. Apt. 705

City Beverly Hills State CA Zip Code 90210

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt

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

Transaction ID: C6004628

Amount of Each Receipt this Period
209.00

C.

Full Name (Last, First, Middle Initial)
Jay L. Kanter

Mailing Address 726 N Roxbury Dr.

City Beverly Hills State CA Zip Code 90210-3212

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

Name of Employer Kanter Corp Occupation Film Producer

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

Date of Receipt

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

Transaction ID: C5979720

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

609.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Sharon Karsten
 Mailing Address 1911 N Hudson Ave.
 City State Zip Code
Chicago IL 60614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt: 02 / 06 / 2009
Transaction ID: C5994456
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Steven Kazan
 Mailing Address 171 12th St
3rd Floor
 City State Zip Code
Oakland CA 94607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kazan Law Office Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30400.00
 Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971695
 Amount of Each Receipt this Period: 30400.00

C. Full Name (Last, First, Middle Initial)
Caroline Keller-winter
 Mailing Address PO Box 5443
 City State Zip Code
Alexandria LA 71307-5443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt: 02 / 20 / 2009
Transaction ID: C5978205
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 31650.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
James Kelly
Mailing Address 67 Tiel Way
City Houston State TX Zip Code 77019-1509
FEC ID number of contributing federal political committee. **C**
Name of Employer James Tynah Kelly Pc Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 24 / 2009
Transaction ID: C5983088
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Nathan Keyfitz
Mailing Address 1580 Massachusetts Ave Apt 7C
City Cambridge State MA Zip Code 02138-2928
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 03 / 2009
Transaction ID: C5974681
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Sylvia L. Kilgour
Mailing Address 171 Poquanticut Ave.
City North Easton State MA Zip Code 02356
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00
Date of Receipt 02 / 10 / 2009
Transaction ID: C5988825
Amount of Each Receipt this Period 208.00

SUBTOTAL of Receipts This Page (optional) ► 1008.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Joanne B. Kim
Mailing Address 16804 35th Ave.
City State Zip Code
Flushing NY 11358
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 / 10 / 2009
Transaction ID: C5988657
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Kathryn Kimball
Mailing Address 2524 Union St
City State Zip Code
San Francisco CA 94123-3833
FEC ID number of contributing federal political committee. **C**
Name of Employer TCV Occupation Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00
Date of Receipt: 02 / 13 / 2009
Transaction ID: C5942160
Amount of Each Receipt this Period: 30400.00

C. Full Name (Last, First, Middle Initial)
Janice Kingman
Mailing Address 320 Hudson Ave
City State Zip Code
Clarendon Hls IL 60514-1332
FEC ID number of contributing federal political committee. **C**
Name of Employer Genesis Rehabilitation Occupation Speech Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 / 26 / 2009
Transaction ID: C5984300
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 30950.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Patrick Kirschman

Mailing Address 420 N Duluth Ave
Apt 3

City State Zip Code
Sioux Falls SD 57104-2733

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

Name of Employer Occupation
Sara Lee Bakery Group Baker

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C5983207

Amount of Each Receipt this Period
110.00

B. Full Name (Last, First, Middle Initial)
Mary S. Kleinfeld

Mailing Address 220 W Zapata Hw 11 Pmb 413

City State Zip Code
Laredo TX 78043

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5979734

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mary S. Kleinfeld

Mailing Address 220 W Zapata Hw 11 Pmb 413

City State Zip Code
Laredo TX 78043

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C6000384

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Charles Knight

Mailing Address 1111 Estes Ave

City State Zip Code
Lake Forest IL 60045-3886

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

Name of Employer Occupation
Holland & Knight Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5974215

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Molly Knox

Mailing Address 6815 Zangle Rd. NE

City State Zip Code
Olympia WA 98506

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

Name of Employer Occupation
N/A Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5981814

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Yvonne Koshland

Mailing Address 3991 Happy Valley Rd

City State Zip Code
Lafayette CA 94549-2423

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5978151

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 132 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Joseph Kotzin

Mailing Address PO Box 480039

City State Zip Code
Los Angeles CA 90048-1039

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

Name of Employer N/A Occupation Unemployed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5979515

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John R. Koza

Mailing Address PO Box K

City State Zip Code
Los Altos CA 94023-4011

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

Name of Employer Third Millennium Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30400.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5942143

Amount of Each Receipt this Period
30400.00

C. Full Name (Last, First, Middle Initial)
Marvin L. Krasnansky

Mailing Address 12854 Sunrise Dr. NE

City State Zip Code
Bainbridge Island WA 98110

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5982004

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **31400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Lester Krasno

Mailing Address 400 N 2nd St.

City Pottsville State PA Zip Code 17901

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

Name of Employer Self-Employed Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 23 / 2009

Transaction ID: C6001197

Amount of Each Receipt this Period 110.00

B.

Full Name (Last, First, Middle Initial)
Arthur R. Kravitz

Mailing Address 413 Dedham St # A

City Newton State MA Zip Code 02459-3300

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2009

Transaction ID: C5978133

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Kay Kretchmar

Mailing Address 53 Village Hill Rd.

City Belmont State MA Zip Code 02478

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

Name of Employer Kaybrotta Baking Co. Occupation Baker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 06 / 2009

Transaction ID: C5975789

Amount of Each Receipt this Period 210.00

SUBTOTAL of Receipts This Page (optional) ► 570.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Robin C. Krivanek
 Mailing Address 3016 Turtle Gait Ln
 City Sanibel State FL Zip Code 33957-5626
 Date of Receipt 02 / 26 / 2009
Transaction ID: C5983666
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer N/A Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
Raminder Kumar
 Mailing Address 445 E Northwater street #2505
 City Chicago State IL Zip Code 60611
 Date of Receipt 02 / 03 / 2009
Transaction ID: C5975542
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer U of Chicago Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 225.00

C. Full Name (Last, First, Middle Initial)
Raminder Kumar
 Mailing Address 445 E Northwater street #2505
 City Chicago State IL Zip Code 60611
 Date of Receipt 02 / 19 / 2009
Transaction ID: C6006563
 Amount of Each Receipt this Period 25.00
 FEC ID number of contributing federal political committee. C
 Name of Employer U of Chicago Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 225.00

SUBTOTAL of Receipts This Page (optional) ▶ 475.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 135 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Christian Larsen

Mailing Address 2621 Larkin St

City	State	Zip Code
San Francisco	CA	94109-1512

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

Name of Employer PROSPER	Occupation CEO
-----------------------------	-------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15200.00
---	--------------------------------------

Date of Receipt

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

Transaction ID: C5971649

Amount of Each Receipt this Period
15200.00

B.

Full Name (Last, First, Middle Initial)
Herbert H. Levens

Mailing Address 6904 Parisian Way

City	State	Zip Code
Lake Worth	FL	33467

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

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

Transaction ID: C5975852

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 25 Ahab Dr

City	State	Zip Code
Muir Beach	CA	94965-9712

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

Name of Employer Levin, Simes, Kaiser, & Gornick LLP	Occupation Attorney
--	------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00
---	--------------------------------------

Date of Receipt

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

Transaction ID: C5971717

Amount of Each Receipt this Period
25000.00

SUBTOTAL of Receipts This Page (optional) ▶

40700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Piers I. Lewis

Mailing Address 657 Fairmount Ave

City State Zip Code
Saint Paul MN 55105-3518

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5974069

Amount of Each Receipt this Period
111.00

B.

Full Name (Last, First, Middle Initial)
Sally S. Lewis

Mailing Address 715 N Canon Dr

City State Zip Code
Beverly Hills CA 90210-3327

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

Name of Employer J Robert Scott Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5980706

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Hans Li

Mailing Address 230 Central Park S # 7D

City State Zip Code
New York NY 10019-1409

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

Name of Employer Six Dutchess Llc Occupation Farmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5980468

Amount of Each Receipt this Period
208.00

SUBTOTAL of Receipts This Page (optional) ► **819.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Dianna Lyons

Mailing Address 877 Creed Road

City State Zip Code
Oakland CA 94610-1853

FEC ID number of contributing federal political committee. C

Name of Employer Kazan, McClain, Lyons, Greenwood & Har
Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
02 / 27 / 2009

Transaction ID: C5971693

Amount of Each Receipt this Period
15000.00

B.

Full Name (Last, First, Middle Initial)
Janis L. Lysen

Mailing Address 2849 42nd Avenue S

City State Zip Code
Minneapolis MN 55406

FEC ID number of contributing federal political committee. C

Name of Employer N/A
Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
02 / 05 / 2009

Transaction ID: C5994737

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Shahrokh Mafi

Mailing Address 1824 Brannen Rd SE

City State Zip Code
Atlanta GA 30316-3610

FEC ID number of contributing federal political committee. C

Name of Employer N/A
Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
02 / 02 / 2009

Transaction ID: C5993991

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) 15575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 138 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Shahrokh Mafi

Mailing Address 1824 Brannen Rd SE

City State Zip Code
Atlanta GA 30316-3610

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

Name of Employer Occupation
N/A Student

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: C5993990

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
Richard Manley

Mailing Address 5900 East Naples Plaza Apt. 2

City State Zip Code
Long Beach CA 90803

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

Name of Employer Occupation
American President Lines Refrigeration Mechanic

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: C6006043

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Richard Manley

Mailing Address 5900 East Naples Plaza Apt. 2

City State Zip Code
Long Beach CA 90803

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

Name of Employer Occupation
American President Lines Refrigeration Mechanic

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: C6006762

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 475
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Benetta M. Mansfield

Mailing Address 4025 N Randolph St

City Arlington State VA Zip Code 22207-4811

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

Name of Employer Amalgamated Transit Union Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2009

Transaction ID: C5994135

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Alexandria Marcus

Mailing Address 403 Main St.
Apt 801

City San Francisco State CA Zip Code 94105

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

Name of Employer N/A Occupation Community Volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C5971691

Amount of Each Receipt this Period 30400.00

C. Full Name (Last, First, Middle Initial)
George M. Marcus

Mailing Address 777 S California Ave

City Palo Alto State CA Zip Code 94304-1102

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

Name of Employer Marcus & Millichap Occupation Chair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C5971689

Amount of Each Receipt this Period 30400.00

SUBTOTAL of Receipts This Page (optional) ▶ **61300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Judith Marcus

Mailing Address 27900 Black Mountain Rd

City State Zip Code
Los Altos CA 94022-3250

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971690

Amount of Each Receipt this Period
30400.00

B.

Full Name (Last, First, Middle Initial)
Carol S. Martin

Mailing Address 208 W Golf Pl

City State Zip Code
Pagosa Springs CO 81147-9316

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5973536

Amount of Each Receipt this Period
111.00

C.

Full Name (Last, First, Middle Initial)
Jane S. Mason

Mailing Address 1815 Kalorama Sq NW

City State Zip Code
Washington DC 20008-4021

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

Name of Employer Self-Employed Occupation Computer Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: C5983327

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **30761.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 141 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
David M. McClain

Mailing Address 171 12th St
Third Floor

City State Zip Code
Oakland CA 94607-4911

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

Name of Employer Occupation
Kazan, McClain, et. al. Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
15000.00

Date of Receipt

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

Transaction ID: C5971694

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)
Joel W. McClure

Mailing Address 2510 Cresta de Ruta

City State Zip Code
Eugene OR 97403

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5994687

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Margaret McClellan

Mailing Address 77 Chestnut St

City State Zip Code
Weston MA 02493-1504

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5972339

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

15200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 142 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Margaret Mclellan

Mailing Address 77 Chestnut St

City State Zip Code
Weston MA 02493-1504

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5978617

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Mary B. Mcmillan

Mailing Address 2925 Lincoln Dr
Apt 713

City State Zip Code
Saint Paul MN 55113-1351

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5977688

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Jill McNeil

Mailing Address 301 Islington Road

City State Zip Code
Newton MA 02466

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

Name of Employer CSC Occupation Business Architect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

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

Transaction ID: C6005777

Amount of Each Receipt this Period
160.00

SUBTOTAL of Receipts This Page (optional) ► **460.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Kris D. Meade

Mailing Address 2523 23rd Rd N

City Arlington State VA Zip Code 22207-4901

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

Name of Employer Refuse Occupation Refuse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt: 02 / 24 / 2009
Transaction ID: C6000104
Amount of Each Receipt this Period: 209.00

B.

Full Name (Last, First, Middle Initial)
Alexander R. Mehran

Mailing Address 3680 Jackson St

City San Francisco State CA Zip Code 94118-1810

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

Name of Employer Sunset Development Co. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 02 / 19 / 2009
Transaction ID: C5942171
Amount of Each Receipt this Period: 10000.00

C.

Full Name (Last, First, Middle Initial)
Audre Mendel

Mailing Address 1401 W 22nd St.
Sunset Island

City Miami Beach State FL Zip Code 33140

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

Name of Employer Self-Employed Occupation Ballet

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 25 / 2009
Transaction ID: C5983135
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 10709.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Deane P Merrill

Mailing Address PO Box 335

City State Zip Code
Hardwick VT 05843-0335

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5993555

Amount of Each Receipt this Period
270.00

B.

Full Name (Last, First, Middle Initial)
Ernest H. Metzger

Mailing Address 90 High Park Blvd

City State Zip Code
Buffalo NY 14226-4209

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: C5972212

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Nicola Miner

Mailing Address 2835 Broadway St

City State Zip Code
San Francisco CA 94111-1505

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

Name of Employer Quotidian Gallery Corp. Occupation Real Estate Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971692

Amount of Each Receipt this Period
30400.00

SUBTOTAL of Receipts This Page (optional) ► 30970.00

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

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

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

FOR LINE NUMBER: PAGE 145 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Marius Mokwe

Mailing Address 11N233 Williamsburg Dr.

City State Zip Code
Elgin IL 60124

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

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: C5981802
 Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Mark Monaldi

Mailing Address 3803 Hamilton Avenue

City State Zip Code
Baltimore MD 21206

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

Name of Employer Penn-Mar Organization, Inc.
Occupation Residential Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

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

Transaction ID: C6006112
 Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Maura B. Morey

Mailing Address 134 Lyford Dr

City State Zip Code
Tiburon CA 94920-1615

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

Name of Employer RWM Management
Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

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

Transaction ID: C5971688
 Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► **15410.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Cosntance Mounce

Mailing Address PO Box 534

City Harleton State TX Zip Code 75651-0534

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

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

Transaction ID: C5977853

Amount of Each Receipt this Period
320.00

B.

Full Name (Last, First, Middle Initial)
John P. Moutsanas

Mailing Address 405 Davis Court Apt 808

City San Francisco State CA Zip Code 94111

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

Name of Employer Meridian Property Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971703

Amount of Each Receipt this Period
10000.00

C.

Full Name (Last, First, Middle Initial)
Connie Murray

Mailing Address 2620 W Vine Dr

City Fort Collins State CO Zip Code 80521-1504

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

Name of Employer Aqua Engineering Inc. Occupation CAD Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C5985224

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 10570.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Monica M. Murray

Mailing Address 1924 S Jefferson Ave
Apt. 32

City State Zip Code
Mason City IA 50401-6538

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5992887

Amount of Each Receipt this Period
111.00

B.

Full Name (Last, First, Middle Initial)
Shirley Nash

Mailing Address P.O. Box 348

City State Zip Code
Chester Springs PA 19425

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5998983

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
D. Oren Nelson

Mailing Address 16767 NW 19th Ct.

City State Zip Code
Hollywood FL 33028

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: C5986344

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional) ► **2061.00**

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

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

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

FOR LINE NUMBER: PAGE 148 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Carol R. Netzer

Mailing Address 227 Clinton St

City State Zip Code
Brooklyn NY 11201-6144

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: C6005343

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Carol R. Netzer

Mailing Address 227 Clinton St

City State Zip Code
Brooklyn NY 11201-6144

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: C5979684

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Sarah W. Newan

Mailing Address 509 8th Street

City State Zip Code
Ann Arbor MI 48103

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: C5972952

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 149 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Christopher Nickle

Mailing Address 207 S Pueblo Ave

City Ojai State CA Zip Code 93023-2238

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

Name of Employer Self-Employed Occupation Artist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2009

Transaction ID: C5985136

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Jimmie L. Noble

Mailing Address 4109 11th Ave.

City Los Angeles State CA Zip Code 90008

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

Name of Employer Self-Employed Occupation Lvn Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C5987623

Amount of Each Receipt this Period 208.00

C.

Full Name (Last, First, Middle Initial)
George H. Nofer

Mailing Address 74 Pasture Lane - Apt. 240 Apt 240

City Bryn Mawr State PA Zip Code 10910

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

Name of Employer Self-Employed Occupation Attorney/Fiduciary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 02 / 25 / 2009

Transaction ID: C6001162

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1708.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial) James L. Oberman		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 35 Wimpole Street		Transaction ID: C5971687
City Moraga	State CA	Zip Code 94556
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Kazan, McClain et al	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Merry T. Odonell		Date of Receipt MM / DD / YYYY 02 / 19 / 2009
Mailing Address 431 N Lyra Cir		Transaction ID: C5979122
City Juno Beach	State FL	Zip Code 33408-1901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) George Offen		Date of Receipt MM / DD / YYYY 02 / 24 / 2009
Mailing Address 450 Raymundo Dr		Transaction ID: C5985045
City Woodside	State CA	Zip Code 94062-4131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer EPRI	Occupation Engineer Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 151 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Anne Pearce Ornish

Mailing Address 900 Bridgeway

City State Zip Code
Sausalito CA 94965-2100

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

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 28500.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971708

Amount of Each Receipt this Period
28500.00

B. Full Name (Last, First, Middle Initial)
Michele Orris Modugno

Mailing Address 455 Primrose Ln

City State Zip Code
Fairfield CT 06825-2343

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

Name of Employer Friends of Levitt Palvion Occupation Marketing & PR Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5976843

Amount of Each Receipt this Period
110.00

C. Full Name (Last, First, Middle Initial)
Charles Ortner

Mailing Address 28 Paddington Rd

City State Zip Code
Scarsdale NY 10583-2322

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

Name of Employer Proskauer Rosé LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971699

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **30610.00**

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

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

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

FOR LINE NUMBER: PAGE 152 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Meg O'Shaughnessy
Mailing Address 2635 Fillmore Street #302
City San Francisco State CA Zip Code 94115
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Teacher/ Solar Oven Rep
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 02 / 05 / 2009
Transaction ID: C6006048
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Meg O'Shaughnessy
Mailing Address 2635 Fillmore Street #302
City San Francisco State CA Zip Code 94115
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Teacher/ Solar Oven Rep
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
Date of Receipt 02 / 19 / 2009
Transaction ID: C6001808
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Bernard Osher
Mailing Address 1 Ferry Plz Building 255
City San Francisco State CA Zip Code 94111
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 30400.00
Date of Receipt 02 / 12 / 2009
Transaction ID: C5942159
Amount of Each Receipt this Period 30400.00

SUBTOTAL of Receipts This Page (optional) ► 30680.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 153 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Robert Owens

Mailing Address 4032 Xerxes Ave S

City State Zip Code
Minneapolis MN 55410-1146

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5985316

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Grace Romero Pacheco

Mailing Address 156 Kalawa Shaq

City State Zip Code
Santa Ynez CA 93460-9440

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5977673

Amount of Each Receipt this Period
240.00

C.

Full Name (Last, First, Middle Initial)
Kathleen Parker

Mailing Address 1170 5th Ave # 6B

City State Zip Code
New York NY 10029-6527

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5977224

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **1390.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Ken Parr

Mailing Address PO Box 1937

City State Zip Code
Salem NH 03079-1145

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5977130

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)

Harry Pascal

Mailing Address 1215 Spruce St.

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt

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

Transaction ID: C5991423

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)

Carrin M. Patman

Mailing Address 2702 Moonlight Bnd

City State Zip Code
Austin TX 78703-1027

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

Name of Employer Occupation
Self-Employed Fitness Instructor

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

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: C5999783

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 155 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Charlotte Perret

Mailing Address 4716 Falstone Ave
Unit 1101

City State Zip Code
Chevy Chase MD 20815-5559

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: C5984016

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Carmella Perry

Mailing Address 3211 N 162Nd Drive

City State Zip Code
Goodyear AZ 85395

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt

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

Transaction ID: C6001489

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Frances Petrocelli

Mailing Address 3881 Washington St

City State Zip Code
San Francisco CA 94118-1612

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5971646

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Albin Pfeifer

Mailing Address 8319 Still Spring Ct

City State Zip Code
Bethesda MD 20817-2727

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: C5972074

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lisa S. Pritzker

Mailing Address 3265 Sacramento Street

City State Zip Code
San Francisco CA 94118

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

Name of Employer Self-Employed Occupation Public Health Advocate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: C5971664

Amount of Each Receipt this Period
20000.00

C.

Full Name (Last, First, Middle Initial)
Margery C. Quackenbush

Mailing Address 1700 Hamilton Ave

City State Zip Code
Palo Alto CA 94303-3005

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: C5994013

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 21250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 157 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Donlin Queen

Mailing Address 11355 Empire Ln

City State Zip Code
Rockville MD 20852-2863

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: C5972830

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Donlin Queen

Mailing Address 11355 Empire Ln

City State Zip Code
Rockville MD 20852-2863

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C6006472

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 569 Evanswood Pl

City State Zip Code
Cincinnati OH 45220-1526

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5977872

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Donald H. Quint

Mailing Address 2503 Foxbriar Ct

City State Zip Code
Wexford PA 15090-7814

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: C5993286

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stanley Rajnak

Mailing Address 1841 S 4th St
4210 Old Field Trl

City State Zip Code
Kalamazoo MI 49009-9377

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

Name of Employer Kalamazoo College Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5977417

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Amy Rao

Mailing Address 228 Seale Ave.

City State Zip Code
Palo Alto CA 94301

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

Name of Employer Integrated Archive Systems, Inc. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C5971648

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional) ► **10450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

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

Mailing Address 43915 SE 168th St
1206 Barbara Dr.

City North Bend State WA Zip Code 98045-9035

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt MM / DD / YYYY
02 / 10 / 2009

Transaction ID: C5974001

Amount of Each Receipt this Period 230.00

B. Full Name (Last, First, Middle Initial)
Robert Riehle

Mailing Address 304 Saugus Rd.

City Spartanburg State SC Zip Code 29307

FEC ID number of contributing federal political committee. C

Name of Employer Spartanburg Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5981480

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Fletcher E. Riggs

Mailing Address 1319 10th St. N

City Naples State FL Zip Code 34102

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 05 / 2009

Transaction ID: C5975489

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Fletcher E. Riggs

Mailing Address 1319 10th St. N

City State Zip Code
Naples FL 00003-4102

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt

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

Transaction ID: C5981204

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dale Robb

Mailing Address 2003 S Anderson St

City State Zip Code
Urbana IL 61801-6223

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

Name of Employer N/A Occupation Retired

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

Date of Receipt

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

Transaction ID: C5993313

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Frances W. Roberts

Mailing Address 16300 Wieuca Rd

City State Zip Code
Los Gatos CA 95030-3010

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

Name of Employer N/A Occupation Retired

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

Date of Receipt

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

Transaction ID: C5975254

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 161 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Sanford R. Robertson

Mailing Address 825 Francisco St

City State Zip Code
San Francisco CA 94109-1322

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

Name of Employer Occupation
Francisco Partners Investment Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
30400.00

Date of Receipt

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

Transaction ID: C5967629

Amount of Each Receipt this Period

30400.00

B.

Full Name (Last, First, Middle Initial)
Gregory Rogers

Mailing Address 3266 Briggs Blvd

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Occupation
Self-Employed Energy Rater

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
270.00

Date of Receipt

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

Transaction ID: C6006665

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Gregory Rogers

Mailing Address 3266 Briggs Blvd

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Occupation
Self-Employed Energy Rater

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
270.00

Date of Receipt

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

Transaction ID: C6006666

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

30570.00

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

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

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

FOR LINE NUMBER: PAGE 162 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Marsha Rosenbaum

Mailing Address 78 Fortuna Ave

City State Zip Code
San Francisco CA 94115-3818

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

Name of Employer Drug Policy Alliance Occupation Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 30400.00

Date of Receipt

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

Transaction ID: C5942144

Amount of Each Receipt this Period
30400.00

B. Full Name (Last, First, Middle Initial)
C. R. Rotthoff

Mailing Address 2609 Mobil St.

City State Zip Code
Round Rock TX 78681

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt

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

Transaction ID: C5997680

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Sallie Rudolph

Mailing Address 13545 Kentucky St

City State Zip Code
Detroit MI 48238-2311

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

Name of Employer N/A Occupation Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Date of Receipt

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

Transaction ID: C5999794

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ► **30820.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 163 / 475

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Sallie Rudolph

Mailing Address 13545 Kentucky St

City State Zip Code
Detroit MI 48238-2311

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

Name of Employer Occupation
N/A Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 315.00

Date of Receipt

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

Transaction ID: C5999795

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth M. Ruffin

Mailing Address 1707 Jarvis St

City State Zip Code
Raleigh NC 27608-2236

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5982885

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Patti Russell

Mailing Address 1 Windsor Way

City State Zip Code
Richmond VA 23221-3232

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

Name of Employer Occupation
Community Volunteer Volunteer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	9

Transaction ID: C5974575

Amount of Each Receipt this Period

108.00

SUBTOTAL of Receipts This Page (optional) ▶

483.00

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

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

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

FOR LINE NUMBER: PAGE 164 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Patti Russell

Mailing Address 1 Windsor Way

City Richmond State VA Zip Code 23221-3232

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

Name of Employer Community Volunteer Occupation Volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 02 / 23 / 2009

Transaction ID: C5984849

Amount of Each Receipt this Period 108.00

B. Full Name (Last, First, Middle Initial)
Virginia B. Ryan

Mailing Address 14 White Pine Dr

City Littleton State CO Zip Code 80127-3558

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2009

Transaction ID: C5979679

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Yoriko Saneyoshi

Mailing Address 13335 Mulholland Dr

City Beverly Hills State CA Zip Code 90210-1147

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

Name of Employer Self-Employed Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 10 / 2009

Transaction ID: C5973736

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 908.00

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

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

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

FOR LINE NUMBER: PAGE 165 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Guy T. Saperstein

Mailing Address 52 Glen Alpine Road

City State Zip Code
Piedmont CA 94611-3523

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C5971645

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Tom Sargent

Mailing Address 40 Alta Vista Ave.

City State Zip Code
San Anselmo CA 94960

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C6002984

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Nathan Savin

Mailing Address 501 Kimball Rd

City State Zip Code
Iowa City IA 52245-5830

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

Name of Employer University Of Iowa Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C6000081

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► **10725.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 166 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Andrea Scamardo

Mailing Address 8302 Bernane Forest Ct

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Centennial Co. Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971700

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
K. A. Scanlan

Mailing Address 525 Lane PI S

City State Zip Code
Salem OR 97302-5113

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

Name of Employer Occupation
Salem Radiology Coonsultants Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5979641

Amount of Each Receipt this Period
300.00

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

Mailing Address 291 Otis St

City State Zip Code
West Newton MA 02465-2531

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

Name of Employer Occupation
Self-Employed Sculptor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5978688

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 5600.00

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

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

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

FOR LINE NUMBER: PAGE 167 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Irene Schwartz

Mailing Address 745 5th Avenue
31St Floor

City State Zip Code
Manhattan NY 10151

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

Name of Employer Occupation
Bernard & Irene Schwartz Foundation President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 30400.00

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

Transaction ID: C5942147

Amount of Each Receipt this Period
30400.00

B. Full Name (Last, First, Middle Initial)
Julie Schweser

Mailing Address 1 Acorn Ct.

City State Zip Code
Iowa City IA 52246

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

Name of Employer Occupation
N/A Retired

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

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

Transaction ID: C5981422

Amount of Each Receipt this Period
500.00

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

Mailing Address 1456 Rainier Falls Dr NE

City State Zip Code
Atlanta GA 30329-4104

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

Name of Employer Occupation
Emory University Professor

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

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

Transaction ID: C6006370

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 31150.00

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

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

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

FOR LINE NUMBER: PAGE 168 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Margaret S. Scott

Mailing Address 441 W 24th St
Apt. 41

City State Zip Code
New York NY 10011-1253

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

Name of Employer N/A Occupation Volunteer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C5993001

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Robert K. Scripps

Mailing Address 384 W Shore Dr

City State Zip Code
Wyckoff NJ 07481-2434

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: C5988148

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Robert K. Scripps

Mailing Address 384 W Shore Dr

City State Zip Code
Wyckoff NJ 07481-2434

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: C6000574

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial) Thomas Sebring		Date of Receipt MM / DD / YYYY 02 / 09 / 2009
Mailing Address 3 West Woods Rd		Transaction ID: C5942150
City Kent	State CT	Zip Code 06757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2543.00
Name of Employer N/A	Occupation Retired	* In-Kind: wine and catering
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2543.00	

B.

Full Name (Last, First, Middle Initial) Gayle N. Shackelford		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
Mailing Address P.O. Box 7616 24 Kauai		Transaction ID: C5975878
City Odessa	State TX	Zip Code 79760
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 209.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

C.

Full Name (Last, First, Middle Initial) Mary Silver		Date of Receipt MM / DD / YYYY 02 / 24 / 2009
Mailing Address 425 W Arlington Pl		Transaction ID: C6005384
City Chicago	State IL	Zip Code 60614-2715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Residential Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	3052.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 170 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Laurel Simes

Mailing Address 25 Ahab Dr

City State Zip Code
Muir Beach CA 94965-9712

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

Name of Employer Occupation
Levin, Simes, Kaiser & Gornick LLP Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 25000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971718

Amount of Each Receipt this Period
25000.00

B. Full Name (Last, First, Middle Initial)
Allen Simon

Mailing Address 4075 El Camino Way
Palo Alto Commons

City State Zip Code
Palo Alto CA 94306

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

Name of Employer Occupation
Information Requested Information Requested

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

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: C5998254

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Rachel M. Simon

Mailing Address 4129 McKean Ln

City State Zip Code
Indianapolis IN 46250-4219

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

Name of Employer Occupation
N/A Student

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

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: C5982876

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 25500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 171 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Fritiof S. Sjostrand

Mailing Address 1345 Casiano Rd

City State Zip Code
Los Angeles CA 90049-1615

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

Name of Employer Occupation
UCLA Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: C5978173

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 1818 Green Jays Ct.

City State Zip Code
Corpus Christi TX 78418

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C6006572

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Richard Smythe

Mailing Address 40 Montgomery Dr
Unit 2

City State Zip Code
Canfield OH 44406-1268

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

Name of Employer Occupation
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5999696

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ▶ **430.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 172 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial) Rachael Solem		Date of Receipt MM / DD / YYYY 02 / 23 / 2009	
Mailing Address 5 Street		Transaction ID: C6006434	
City Wellesley	State MA	Zip Code 02482	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Irving House Corporation	Occupation Hotelier		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B.

Full Name (Last, First, Middle Initial) Sydney Spofford		Date of Receipt MM / DD / YYYY 02 / 05 / 2009	
Mailing Address 1954 Michigan Ave		Transaction ID: C5974385	
City Marysville	State MI	Zip Code 48040-1800	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C.

Full Name (Last, First, Middle Initial) Gary L. Stansbery		Date of Receipt MM / DD / YYYY 02 / 17 / 2009	
Mailing Address 6806 Waterman Ave		Transaction ID: C5979738	
City Saint Louis	State MO	Zip Code 63130-4661	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 173 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Jay Samuel Starkoff

Mailing Address PO Box 771215

City State Zip Code
Lakewood OH 44107-0051

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: C5973694

Amount of Each Receipt this Period
3000.00

B.

Full Name (Last, First, Middle Initial)
Joseph Steele

Mailing Address 3300 Darby Rd
Apt 7221

City State Zip Code
Haverford PA 19041-1075

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5978566

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Clinton F Stimpson

Mailing Address 5626 Lakeshore Rd

City State Zip Code
Fort Gratiot MI 48059-2814

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

Name of Employer Material Control Inc Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C5983672

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **4250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 174 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Bayard Thayer Storey

Mailing Address 1919 Brandywine St

City Philadelphia State PA Zip Code 19130-3202

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

Name of Employer University of Pennsylvania Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 11 / 2009

Transaction ID: C5972552

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Barbara R. Stout

Mailing Address 3601 Connecticut Ave NW Apt 408

City Washington State DC Zip Code 20008-2464

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 05 / 2009

Transaction ID: C5973748

Amount of Each Receipt this Period 400.00

C.

Full Name (Last, First, Middle Initial)
W. D. Strack

Mailing Address P.O. Box 4018

City Napa State CA Zip Code 94558

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 10 / 2009

Transaction ID: C5992433

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

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

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

FOR LINE NUMBER: PAGE 175 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Fleur L. Strand

Mailing Address P.O. Box 6359

City State Zip Code
Snowmass Vlg CO 81615

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 02 / 24 / 2009
Transaction ID: C5986301
Amount of Each Receipt this Period: 600.00

B. Full Name (Last, First, Middle Initial)
Mark W. Strattnr

Mailing Address 3701 Connecticut Ave. NW Apt. 924

City State Zip Code
Washington DC 20008

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

Name of Employer Library of Congress Occupation Librarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 13 / 2009
Transaction ID: C5972929
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 2457 Bay St

City State Zip Code
San Francisco CA 94123-1801

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

Name of Employer Ira & Lenore Gershwin Trust Occupation Trustee

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 02 / 17 / 2009
Transaction ID: C5942170
Amount of Each Receipt this Period: 30400.00

SUBTOTAL of Receipts This Page (optional) ► 32000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 176 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Kenneth J. Supporter

Mailing Address 71 Penn Drive

City State Zip Code
West Hartford CT 06119

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 257.00

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

Transaction ID: C5981877

Amount of Each Receipt this Period 257.00

B. Full Name (Last, First, Middle Initial)
Stanley Sutphin

Mailing Address 7550 N 16th St # 242

City State Zip Code
Phoenix AZ 85020-4618

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: C5982958

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Stanley Sutphin

Mailing Address 7550 N 16th St # 242

City State Zip Code
Phoenix AZ 85020-4618

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: C6006027

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 407.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 177 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial) Stanley Sutphin		Date of Receipt MM / DD / YYYY 02 / 25 / 2009
Mailing Address 7550 N 16th St # 242		Transaction ID: C5999456
City Phoenix	State Zip Code AZ 85020-4618	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer N/A	Occupation Retired	Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Ida Swartz		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
Mailing Address 725 Mount Wilson Ln. Apt. 132		Transaction ID: C5973331
City Pikesville	State Zip Code MD 21208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 209.00
Name of Employer N/A	Occupation Retired	Aggregate Year-to-Date ▼ 209.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Stanford A. Taylor		Date of Receipt MM / DD / YYYY 02 / 03 / 2009
Mailing Address 1405 S Oakland Ave		Transaction ID: C5983050
City Pasadena	State Zip Code CA 91106-4328	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	509.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 178 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Lenard Tessler

Mailing Address 130 E End Ave
Penthouse B

City State Zip Code
New York NY 10028-7553

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

Name of Employer Cerberus Capital Management
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971716

Amount of Each Receipt this Period
15000.00

B.

Full Name (Last, First, Middle Initial)
John N. Thompson

Mailing Address R.R. #1 Box 225C

City State Zip Code
Wellston OK 74881

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

Name of Employer N/A
Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: C6005991

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
John N. Thompson

Mailing Address R.R. #1 Box 225C

City State Zip Code
Wellston OK 74881

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

Name of Employer N/A
Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: C6006441

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **15085.00**

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

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

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

FOR LINE NUMBER: PAGE 179 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
John N. Thompson
Mailing Address R.R. #1 Box 225C
City Wellston State OK Zip Code 74881
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 02 / 24 / 2009
Transaction ID: C6006440
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Karen J. Thorburn
Mailing Address 4 Mountain Laurel
City Dove Canyon State CA Zip Code 92679-4217
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00
Date of Receipt 02 / 12 / 2009
Transaction ID: C5990074
Amount of Each Receipt this Period 208.00

C. Full Name (Last, First, Middle Initial)
Roger B. Tilles
Mailing Address 100 Crossways Park West Suite 107
City Woodbury State NY Zip Code 11797
FEC ID number of contributing federal political committee. **C**
Name of Employer Tilles Investment Co. Partnership Occupation Partner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 28500.00
Date of Receipt 02 / 10 / 2009
Transaction ID: C5942148
Amount of Each Receipt this Period 28500.00

SUBTOTAL of Receipts This Page (optional) ► 28758.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 180 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Brian Tobias

Mailing Address 3797 Chimney Hill Dr

City State Zip Code
Cincinnati OH 45241-3805

FEC ID number of contributing federal political committee. C

Name of Employer
Obstetric Anesthesia Associates

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
02 / 17 / 2009

Transaction ID: C6000513

Amount of Each Receipt this Period
230.00

B.

Full Name (Last, First, Middle Initial)
Martha G. Tolles

Mailing Address 860 Oxford Rd

City State Zip Code
San Marino CA 91108-1214

FEC ID number of contributing federal political committee. C

Name of Employer
N/A

Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 19 / 2009

Transaction ID: C5978819

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Annie Totah

Mailing Address 11500 Highland Farm Rd

City State Zip Code
Potomac MD 20854-1367

FEC ID number of contributing federal political committee. C

Name of Employer
N/A

Occupation
Community Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 19 / 2009

Transaction ID: C5977484

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) 1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 181 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Richard P. Towne

Mailing Address P.O. Box 313

City State Zip Code
South Hadley MA 01075

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5988449

Amount of Each Receipt this Period
111.00

B.

Full Name (Last, First, Middle Initial)
Gary True

Mailing Address 1 Timber Bluff Ct.

City State Zip Code
Glen Carbon IL 62034

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

Name of Employer Information Requested Occupation Information Requested
Hepler Broom Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: C6005745

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Milton G Uhrik

Mailing Address 9 Banning Ct

City State Zip Code
Toms River NJ 08757-5752

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

Name of Employer Information Requested Occupation Information Requested
N/A Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5993614

Amount of Each Receipt this Period
230.00

SUBTOTAL of Receipts This Page (optional) ► 591.00

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

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

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

FOR LINE NUMBER: PAGE 182 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Vainutis K. Vaitkevicius

Mailing Address 25 Poplar Park Blvd

City Pleasant Ridge State MI Zip Code 48069-1114

FEC ID number of contributing federal political committee. C

Name of Employer Karmonos Cancer Institute Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C5983079

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Maryann Vandervusse

Mailing Address 340 North Murrieta Blvd.

City Livermore State CA Zip Code 94551

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 02 / 17 / 2009

Transaction ID: C6001613

Amount of Each Receipt this Period 108.00

C. Full Name (Last, First, Middle Initial)
Panos C. Voukydis

Mailing Address 29 Abbottsford Rd

City Brookline State MA Zip Code 02446-6705

FEC ID number of contributing federal political committee. C

Name of Employer Mt. Auburn Cordiology Ass. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2009

Transaction ID: C5985097

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 908.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 183 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Kay Walker

Mailing Address 2666 Hyde St.

City State Zip Code
San Francisco CA 94109

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

Name of Employer Occupation
Kay Kimpton Contemporary Art Dealer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: C5971706

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)
Willard J. Walker

Mailing Address PO Box 7299

City State Zip Code
Springdale AR 72766-7299

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5983138

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 917 Danby Rd

City State Zip Code
Ithaca NY 14850-5719

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5980508

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

11500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 184 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Charlotte T. Weaver

Mailing Address 9524 Cross Creek Dr.

City State Zip Code
Boynnton Beach FL 33436

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

Name of Employer N/A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5981906

Amount of Each Receipt this Period
310.00

B.

Full Name (Last, First, Middle Initial)
Robert Wegs

Mailing Address 1531 Pine Top Trce

City State Zip Code
Mishawaka IN 46545-4049

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

Name of Employer University Of Notre Dame Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: C5999704

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Sara P. Weiner

Mailing Address 4600 N Cerritos Dr

City State Zip Code
Tucson AZ 85745-9558

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.60

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5993733

Amount of Each Receipt this Period
102.80

SUBTOTAL of Receipts This Page (optional) ► **662.80**

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

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

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

FOR LINE NUMBER: PAGE 185 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Sara P. Weiner

Mailing Address 4600 N Cerritos Dr

City Tucson State AZ Zip Code 85745-9558

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.60

Date of Receipt: 02 / 20 / 2009

Transaction ID: C6000456

Amount of Each Receipt this Period: 102.80

B. Full Name (Last, First, Middle Initial)
Will K. Weinstein

Mailing Address 1 Ferry Building Ste 255

City San Francisco State CA Zip Code 94111-4213

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

Name of Employer Conifer Securities Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15200.00

Date of Receipt: 02 / 27 / 2009

Transaction ID: C5971672

Amount of Each Receipt this Period: 15200.00

C. Full Name (Last, First, Middle Initial)
Debra A. Welker

Mailing Address 12388 Sunset Ter

City Clive State IA Zip Code 50325-8118

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

Name of Employer Self-Employed Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 17 / 2009

Transaction ID: C6000979

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 15802.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 186 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Arlene H White

Mailing Address 11611 Rebecca Ln

City State Zip Code
Los Altos CA 94024-5130

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

Name of Employer Occupation
N/A Homemaker

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

Date of Receipt

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

Transaction ID: C5985313

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)

John M Wigglesworth

Mailing Address 1817 Farm Trl

City State Zip Code
Sanibel FL 33957-4119

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C5983756

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Paul Wiita

Mailing Address 139 Random Rd

City State Zip Code
Princeton NJ 08540-4145

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

Name of Employer Occupation
Georgia State Univ Professor

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

Date of Receipt

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

Transaction ID: C5993383

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 187 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Emery R. Williams

Mailing Address 2046 Barrington Pointe Dr.

City State Zip Code
League City TX 77573

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

Name of Employer Occupation
NC Williams Ent CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: C5982280

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Emery R. Williams

Mailing Address 2046 Barrington Pointe Dr.

City State Zip Code
League City TX 77573

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

Name of Employer Occupation
NC Williams Ent CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: C5987371

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Michael P. Williams

Mailing Address 1183 Amsterdam Ave NE

City State Zip Code
Atlanta GA 30306-2561

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

Name of Employer Occupation
Mcelroy Projects Work Inc. Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2009

Transaction ID: C5982915

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 188 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Sheila Williams

Mailing Address 3935 Canterbury Dr

City State Zip Code
Saint Louis MO 63121-2501

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

Name of Employer Normandy School Dist Occupation Educator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 19 / 2009
Transaction ID: C5978802
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Howard Wohl

Mailing Address 141 Heather Ln

City State Zip Code
Mill Neck NY 11765-1010

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

Name of Employer Ivy Asset Management Corp Occupation Investment Advisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971746
Amount of Each Receipt this Period: 30400.00

C. Full Name (Last, First, Middle Initial)
Sam Wragg

Mailing Address 7076 Pennyroyal Rd.

City State Zip Code
Georgetown SC 29440

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

Name of Employer N/A Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 17 / 2009
Transaction ID: C5999379
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 30850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 189 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Sam Wragg

Mailing Address 7076 Pennyroyal Rd.

City State Zip Code
Georgetown SC 29440

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

Name of Employer Occupation
N/A Retired

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

Date of Receipt

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

Transaction ID: C6003769

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Rhonda D. Wright

Mailing Address 3363 Narrow Lane Rd

City State Zip Code
Montgomery AL 36111-1507

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

Name of Employer Occupation
Montgomery Pathology Assoc Pathologist

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

Date of Receipt

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

Transaction ID: C5983416

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John S. Yates

Mailing Address 257 Nashoba Rd

City State Zip Code
Concord MA 01742-2233

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

Name of Employer Occupation
Netezza Corp Engineer

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

Date of Receipt

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

Transaction ID: C5989606

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 190 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Cecily Young

Mailing Address 4126 Marcasel Ave.

City Los Angeles State CA Zip Code 90066

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

Name of Employer Self-Employed Occupation Architect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2009

Transaction ID: C6001699

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Poarch Band of Creek Indians

Mailing Address 5811 Jack Springs Rd

City Atmore State AL Zip Code 36502-5025

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 28000.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C5971727

Amount of Each Receipt this Period 28000.00

C. Full Name (Last, First, Middle Initial)
Gila River Indian Community

Mailing Address PO Box 2160

City Sacaton State AZ Zip Code 85247-0097

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 28500.00

Date of Receipt 02 / 27 / 2009

Transaction ID: C5971729

Amount of Each Receipt this Period 28500.00

SUBTOTAL of Receipts This Page (optional) ► 56750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 191 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Wiley Rein LLP

Mailing Address 1776 K St NW

City State Zip Code
Washington DC 20006-2304

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C5971747

Amount of Each Receipt this Period

5000.00

PARTNERSHIP--partners below if itemized

B.

Full Name (Last, First, Middle Initial)
Kathryn Hall

Mailing Address 6801 Gaylord Parkway Ste. 100

City State Zip Code
Frisco TX 75034

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

Name of Employer Occupation
Hall Financial Group Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
121.75

Date of Receipt

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

Transaction ID: C5901544

Amount of Each Receipt this Period

121.75

* In-Kind: Supplies for July 12th event

C.

Full Name (Last, First, Middle Initial)
Craig Hall

Mailing Address 6801 Gaylord Parkway Ste. 100

City State Zip Code
Frisco TX 75034-8557

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

Name of Employer Occupation
Hall Financial Group President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
121.76

Date of Receipt

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

Transaction ID: C5901545

Amount of Each Receipt this Period

121.75

* In-Kind: Supplies for July 12th event

SUBTOTAL of Receipts This Page (optional)

5243.50

TOTAL This Period (last page this line number only)

1569378.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 192 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial) Solis for Congress		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 6380 Wilshire Blvd #1612		Transaction ID: C5971680
City Los Angeles	State CA	Zip Code 90048
FEC ID number of contributing federal political committee. C C00346296		Amount of Each Receipt this Period 25000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

B.

Full Name (Last, First, Middle Initial) Bechtel PAC		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 50 Beale Street P.O. Box 193965		Transaction ID: C5971684
City San Francisco	State CA	Zip Code 94119
FEC ID number of contributing federal political committee. C C00103697		Amount of Each Receipt this Period 15000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

C.

Full Name (Last, First, Middle Initial) Golden State PAC		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 11355 W Olympic Blvd Fl 2		Transaction ID: C5971663
City Los Angeles	State CA	Zip Code 90064-1656
FEC ID number of contributing federal political committee. C C00145342		Amount of Each Receipt this Period 10000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	50000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 193 / 475

(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Southern California Fund

Mailing Address 555 S Flower St
STE 4510

City State Zip Code
Los Angeles CA 90071-2420

FEC ID number of contributing federal political committee. **C** C00361410

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

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

Transaction ID: C5971715

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)
Calpine Corporation PAC

Mailing Address 50 West San Fernando Street

City State Zip Code
San Jose CA 95113-2429

FEC ID number of contributing federal political committee. **C** C00362640

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

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

Transaction ID: C5971647

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
Harris Corporation PAC

Mailing Address 600 Maryland Avenue SW
Suite 850E

City State Zip Code
Washington DC 20024

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: C5942164

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

21500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 194 / 475
(check only one)

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

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Committee on Letter Carriers Political Education

Mailing Address 100 Indiana Ave NW

City Washington State DC Zip Code 20001-2144

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 12 / 2009
Transaction ID: C5942162
Amount of Each Receipt this Period: 15000.00

B. Full Name (Last, First, Middle Initial)
Transport Workers Union Political Contributions Cmte.

Mailing Address 10 G St NE

City Washington State DC Zip Code 20002-4213

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971737
Amount of Each Receipt this Period: 15000.00

C. Full Name (Last, First, Middle Initial)
United Technologies Corporation PAC

Mailing Address 1401 I St NW Ste 600

City Washington State DC Zip Code 20005-2225

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971685
Amount of Each Receipt this Period: 15000.00

SUBTOTAL of Receipts This Page (optional) ► 45000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 475
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Union Pacific Corporation Fund for Effective Government

Mailing Address 600 13th St NW
STE 340

City State Zip Code
Washington DC 20005-3012

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C5971723

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)
American Postal Workers Union AFL-CIO, Committee on Political Action

Mailing Address 1300 L St NW

City State Zip Code
Washington DC 20005-4107

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: C5942161

Amount of Each Receipt this Period

15000.00

C.

Full Name (Last, First, Middle Initial)
Mortgage Bankers Association of America PAC

Mailing Address 1919 Pennsylvania Ave NW
Ste 7

City State Zip Code
Washington DC 20006-3404

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: C5971653

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional) ►

45000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 475
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
NEA Fund For Children & Public Education Federal Account

Mailing Address 1201 16th St NW

City Washington State DC Zip Code 20036-3201

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971665
Amount of Each Receipt this Period: 15000.00

B. Full Name (Last, First, Middle Initial)
KPMG Partners/Principals & Employees PAC

Mailing Address 2001 M St NW

City Washington State DC Zip Code 20036-3310

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971666
Amount of Each Receipt this Period: 15000.00

C. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association PAC

Mailing Address 1150 17th St NW
STE 701

City Washington State DC Zip Code 20036-4610

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: C5971678
Amount of Each Receipt this Period: 15000.00

SUBTOTAL of Receipts This Page (optional) ► 45000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 475
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Astra Zeneca PAC

Mailing Address PO Box 15438
1800 Concord Pike

City State Zip Code
Wilmington DE 19850-5438

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971660

Amount of Each Receipt this Period
15000.00

B.

Full Name (Last, First, Middle Initial)
FPL PAC

Mailing Address 700 Universe Blvd
P.O. Box 14000

City State Zip Code
Juno Beach FL 33408-2657

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: C5971630

Amount of Each Receipt this Period
15000.00

C.

Full Name (Last, First, Middle Initial)
AFLAC Incorporated PAC

Mailing Address AFLAC Center
1932 Wynnton Rd

City State Zip Code
Columbus GA 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971705

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► **45000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Abercrombie for Congress

Mailing Address 1357 Kapiolani Blvd
Ste 1005

City Honolulu State HI Zip Code 96814-4537

FEC ID number of contributing federal political committee. **C** C00247379

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971669

Amount of Each Receipt this Period: 5000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Machinists Non-Partisan Political League

Mailing Address 9000 Machinists PI

City Upper Marlboro State MD Zip Code 20772-2675

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5971634

Amount of Each Receipt this Period: 15000.00

C. Full Name (Last, First, Middle Initial)
American Nurses Association PAC (ANA-PAC)

Mailing Address 8515 Georgia Ave
Ste 400

City Silver Spring State MD Zip Code 20910-3492

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5971632

Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► 25000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 475
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Aircraft Owners and Pilots Association PAC

Mailing Address 421 Aviation Way

City State Zip Code
Frederick MD 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971710

Amount of Each Receipt this Period
15000.00

B.

Full Name (Last, First, Middle Initial)
UAW-V-CAP (UAW Voluntary Community Action Program)

Mailing Address 8000 E Jefferson Ave
Solidarity House

City State Zip Code
Detroit MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C5971655

Amount of Each Receipt this Period
15000.00

C.

Full Name (Last, First, Middle Initial)
DRS Technologies, Inc. Good Gov't Fund

Mailing Address 5 Sylvan Way
Ste 500

City State Zip Code
Parsippany NJ 07054-3818

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: C5942166

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► **45000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 475
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless PAC

Mailing Address 180 Washington Valley Rd

City State Zip Code
Bedminster NJ 07921-2120

FEC ID number of contributing federal political committee. **C** C00363127

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: C5942168

Amount of Each Receipt this Period
10000.00

B.

Full Name (Last, First, Middle Initial)
Honeywell International Inc PAC

Mailing Address 101 Columbia Rd
2093

City State Zip Code
Morristown NJ 07960-4640

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: C5971633

Amount of Each Receipt this Period
15000.00

C.

Full Name (Last, First, Middle Initial)
Johnson & Johnson Political Action Committee

Mailing Address 1 Johnson And Johnson Plz

City State Zip Code
New Brunswick NJ 08933-0001

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: C5971707

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► **40000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 475

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Eddie Bernice Johnson for Congress

Mailing Address 3102 Maple Avenue
Suite 600

City State Zip Code
Dallas TX 75201-1236

FEC ID number of contributing federal political committee. C C00254573

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C5971670

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
National Association of Insurance and Financial Advisors PAC

Mailing Address 2901 Telestar Ct

City State Zip Code
Falls Church VA 22042-1260

FEC ID number of contributing federal political committee. C C00005249

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C5971677

Amount of Each Receipt this Period
15000.00

C.

Full Name (Last, First, Middle Initial)
Dealers Election Action Committee of the National

Mailing Address 8400 Westpark Dr

City State Zip Code
Mc Lean VA 22102-5116

FEC ID number of contributing federal political committee. C C00040998

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C5971661

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) 31000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 475
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Raytheon PAC

Mailing Address 1100 Wilson Blvd
Ste 1500

City State Zip Code
Arlington VA 22209-2270

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: C5942165

Amount of Each Receipt this Period
15000.00

B.

Full Name (Last, First, Middle Initial)
National Stone, Sand and Gravel Association ROCKPA

Mailing Address 1605 King St

City State Zip Code
Alexandria VA 22314-2726

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: C5971656

Amount of Each Receipt this Period
15000.00

C.

Full Name (Last, First, Middle Initial)
National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Rd

City State Zip Code
Alexandria VA 22314-2833

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: C5967627

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional) ► **45000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
American Optometric Association PAC

Mailing Address 1505 Prince St
Ste 300

City State Zip Code
Alexandria VA 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 9

Transaction ID: C5971662

Amount of Each Receipt this Period
15000.00

B.

Full Name (Last, First, Middle Initial)
Harley-Davidson, Inc. PAC

Mailing Address 3700 W Juneau Ave

City State Zip Code
Milwaukee WI 53208

FEC ID number of contributing federal political committee. **C** C00224725

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 9

Transaction ID: C5971719

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	20000.00
TOTAL This Period (last page this line number only)	▶	457500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 475

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Lofgren for Congress

Mailing Address PO Box 8180

City State Zip Code
San Jose CA 95155-8180

FEC ID number of contributing federal political committee. **C** C00289603

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: C5942167

Amount of Each Receipt this Period

50000.00

Unlimited Transfer from
Principal Campaign Cmte.

B.

Full Name (Last, First, Middle Initial)
Sherman for Congress Committee

Mailing Address 555 S Flower St
Ste 4210

City State Zip Code
Los Angeles CA 90071-2420

FEC ID number of contributing federal political committee. **C** C00308742

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
185000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C5971714

Amount of Each Receipt this Period

185000.00

Unlimited Transfer from
Principal Campaign Cmte.

C.

Full Name (Last, First, Middle Initial)
Blumenauer for Congress

Mailing Address 830 NE Holladay St
Ste 105

City State Zip Code
Portland OR 97232-5105

FEC ID number of contributing federal political committee. **C** C00307314

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C5971671

Amount of Each Receipt this Period

100000.00

Unlimited Transfer from
Principal Campaign Cmte.

SUBTOTAL of Receipts This Page (optional) ▶

335000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 475
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial) American List Counsel, Inc.		Date of Receipt MM / DD / YYYY 02 / 19 / 2009
Mailing Address P.O. Box 32189		Transaction ID: SA17-861693
City Hartford	State CT	Zip Code 06150-2189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15249.54
Name of Employer	Occupation	Generic Cmte. List Rental
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 36793.47	This payment reflects the usual and normal charge for rental of list(s).

B.

Full Name (Last, First, Middle Initial) Bank of America, NA		Date of Receipt MM / DD / YYYY 02 / 28 / 2009
Mailing Address 730 15th Street, NW		Transaction ID: SA17-861692
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.66
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.83	

SUBTOTAL of Receipts This Page (optional)	15264.20
TOTAL This Period (last page this line number only)	350264.20

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
GMMB

Mailing Address 1010 Wisconsin Ave., NW

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2209.80

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 0 5 / 2 0 0 9

Transaction ID: SA15-861509

Amount of Each Receipt this Period
2209.80

Media Production/Buy Refund

This reimbursement reflects the actual cost incurred by the committee for this expense.

B. Full Name (Last, First, Middle Initial)
Field Strategies Inc.

Mailing Address 2120 L Street, NW Suite 305

City State Zip Code
Washington DC 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8493.19

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 9

Transaction ID: SA15-861031

Amount of Each Receipt this Period
431.71

REIMBURSEMENT Strategic/Political Svcs

This reimbursement reflects the actual cost incurred by the committee for this expense.

C. Full Name (Last, First, Middle Initial)
Field Strategies Inc.

Mailing Address 2120 L Street, NW Suite 305

City State Zip Code
Washington DC 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8493.19

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 9

Transaction ID: SA15-861032

Amount of Each Receipt this Period
477.03

REIMBURSEMENT Strategic/Political Svcs

This reimbursement reflects the actual cost incurred by the committee for this expense.

SUBTOTAL of Receipts This Page (optional) ► 3118.54

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Field Strategies Inc.

Mailing Address 2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8493.19

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA15-861033

Amount of Each Receipt this Period
7177.91

REIMBURSEMENT Strategic/P-ol Svcs

This reimbursement reflects the actual cost incurred by the committee for this expense.

B. Full Name (Last, First, Middle Initial)
Field Strategies Inc.

Mailing Address 2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8493.19

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA15-861034

Amount of Each Receipt this Period
374.51

REIMBURSEMENT Strategic/P-ol Svcs

This reimbursement reflects the actual cost incurred by the committee for this expense.

C. Full Name (Last, First, Middle Initial)
Field Strategies Inc.

Mailing Address 2120 L Street, NW
Suite 305

City State Zip Code
Washington DC 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8493.19

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA15-861035

Amount of Each Receipt this Period
32.03

REIMBURSEMENT Strategic/P-ol Svcs

This reimbursement reflects the actual cost incurred by the committee for this expense.

SUBTOTAL of Receipts This Page (optional) ► 7584.45

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 475
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
Beth Barefoot

Mailing Address 815 Maryland Ave NE
Apt. 205

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.33

Date of Receipt 02 / 17 / 2009

Transaction ID: SA15-861499

Amount of Each Receipt this Period 17.58

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

B.

Full Name (Last, First, Middle Initial)
Lila Rose

Mailing Address 1531 North Pierce Street
#811

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 55.00

Date of Receipt 02 / 17 / 2009

Transaction ID: SA15-861504

Amount of Each Receipt this Period 55.00

REIMBURSEMENT Supplies

This payment reflects the fair market value paid to the committee by a third party vendor.

C.

Full Name (Last, First, Middle Initial)
Beth Barefoot

Mailing Address 815 Maryland Ave NE
Apt. 205

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.33

Date of Receipt 02 / 17 / 2009

Transaction ID: SA15-861500

Amount of Each Receipt this Period 30.00

REIMBURSEMENT Supplies

This payment reflects the fair market value paid to the committee by a third party vendor.

SUBTOTAL of Receipts This Page (optional) ► 102.58

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 475
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial) Beth Barefoot		Date of Receipt MM / DD / YYYY 02 / 17 / 2009
Mailing Address 815 Maryland Ave NE Apt. 205		Transaction ID: SA15-861501
City Washington	State Zip Code DC 20002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 170.75
Name of Employer	Occupation	REIMBURSEMENT Travel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.33	This reimbursement reflects the actual cost incurred by the committee for this expense.

B.

Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt MM / DD / YYYY 02 / 17 / 2009
Mailing Address P.O. Box 53155		Transaction ID: SA15-861502
City Phoenix	State Zip Code AZ 85072-3155	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.95
Name of Employer	Occupation	REIMBURSEMENT Travel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 108.95	This reimbursement reflects the actual cost incurred by the committee for this expense.

C.

Full Name (Last, First, Middle Initial) Kristie Mark		Date of Receipt MM / DD / YYYY 02 / 17 / 2009
Mailing Address 2226 Decatur Place, NW		Transaction ID: SA15-861503
City Washington	State Zip Code DC 20008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6.16
Name of Employer	Occupation	REIMBURSEMENT Postage
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.77	This reimbursement reflects the actual cost incurred by the committee for this expense.

SUBTOTAL of Receipts This Page (optional)	285.86
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
The Spoken Hub, LLC

Mailing Address 259 W. 30th Street
Suite 902

City State Zip Code
New York NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
643.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	9

Transaction ID: SA15-861510

Amount of Each Receipt this Period
643.90

REFUND Telemarketing

This reimbursement reflects the actual cost incurred by the committee for this expense.

B. Full Name (Last, First, Middle Initial)
Bradley Pollock

Mailing Address 612 N Oxford St

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	0	9

Transaction ID: SA15-861505

Amount of Each Receipt this Period
30.00

REIMBURSEMENT Supplies

This payment reflects the fair market value paid to the committee by a third party vendor.

C. Full Name (Last, First, Middle Initial)
Action Mailers, Inc.

Mailing Address 90 Commerce Drive

City State Zip Code
Aston PA 19014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
26300.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	0	9

Transaction ID: SA15-861506

Amount of Each Receipt this Period
26300.41

REIMBURSEMENT Postage

This reimbursement reflects an overpayment paid to this vendor in the prior reporting period.

SUBTOTAL of Receipts This Page (optional) ► **26974.31**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 475
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Scott Murphy for Congress
Mailing Address 615 Glen Street
City Glens Falls State NY Zip Code 12801
FEC ID number of contributing federal political committee. **C** C00458893
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 17250.00
Date of Receipt 02 / 25 / 2009
Transaction ID: SA15-861511
Amount of Each Receipt this Period 17250.00
REIMB Payroll/ Benefits/P-erDiem
This reimbursement reflects the actual cost incurred by the committee for this expense.

B. Full Name (Last, First, Middle Initial)
Automatic Data Processing
Mailing Address 11411 Red Run Blvd.
City Owings Mills State MD Zip Code 21117
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3299.82
Date of Receipt 02 / 25 / 2009
Transaction ID: SA15-861531
Amount of Each Receipt this Period 210.00
REIMBURSEMENT Payroll Taxes
This reimbursement reflects the actual cost incurred by the committee for this expense.

C. Full Name (Last, First, Middle Initial)
Automatic Data Processing
Mailing Address 11411 Red Run Blvd.
City Owings Mills State MD Zip Code 21117
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3299.82
Date of Receipt 02 / 25 / 2009
Transaction ID: SA15-861532
Amount of Each Receipt this Period 3089.82
REIMBURSEMENT Payroll Taxes
This reimbursement reflects the actual cost incurred by the committee for this expense.

SUBTOTAL of Receipts This Page (optional) ► 20549.82
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 475

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
CHS Mailing, Inc.

Mailing Address 12006 Old Baltimore Pike

City State Zip Code
Beltsville MD 20705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
389.50

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA15-861508

Amount of Each Receipt this Period

389.50

REIMBURSEMENT Postage

This reimbursement reflects an overpayment paid to this vendor in the prior reporting period.

B.

Full Name (Last, First, Middle Initial)
Sisk Mailing Service

Mailing Address 203 Log Canoe Circle

City State Zip Code
Stevensville MD 21666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2604.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA15-861507

Amount of Each Receipt this Period

2604.00

REIMBURSEMENT Postage

This reimbursement reflects an overpayment paid to this vendor in the prior reporting period.

SUBTOTAL of Receipts This Page (optional)

2993.50

TOTAL This Period (last page this line number only)

61609.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Sisk Mailing Service</p> <p>Mailing Address 203 Log Canoe Circle</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860864 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 96000.00</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861189 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 3143.52</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861190 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2701.71</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

101845.23

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861191</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2670.66</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861583</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861255</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2677.54</p> <p>001 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>5368.20</p>
<p>TOTAL This Period (last page this line number only)</p>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America, NA	Transaction ID: SB21B-861581 Date of Disbursement 02 / 02 / 2009
	Mailing Address 730 15th Street, NW	Amount of Each Disbursement this Period 5.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Generic Cmte. Bank Fees	001 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) GMMB	Transaction ID: SB21B-860892 Date of Disbursement 02 / 02 / 2009
	Mailing Address 1010 Wisconsin Ave., NW	Amount of Each Disbursement this Period 45553.20
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Generic Cmte. Media Buys	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) Bank of America, NA	Transaction ID: SB21B-861585 Date of Disbursement 02 / 02 / 2009
	Mailing Address 730 15th Street, NW	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Generic Cmte. Bank Fees	001 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)	45583.20
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 216 / 475

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861586</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 37.55</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861192</p> <p>Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 883.10</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861193</p> <p>Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 220.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1140.65

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 217 / 475

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America, NA Mailing Address 730 15th Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Generic Cmte. Bank Fees 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-861194 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9 Amount of Each Disbursement this Period 166.90 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Bank of America, NA Mailing Address 730 15th Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Generic Cmte. Bank Fees 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-861195 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9 Amount of Each Disbursement this Period 96.80 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Bank of America, NA Mailing Address 730 15th Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Generic Cmte. Bank Fees 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-861584 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9 Amount of Each Disbursement this Period 25.00 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

288.70

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 218 / 475

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Pacific Parking Services, Inc. Mailing Address 2404 Plyers Mill Road City Silver Spring State MD Zip Code 20902 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-860865 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 475.00
	Category/Type 002
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mission Control, Inc. Mailing Address 114 A Mansfield Holow Rd. City Mansfield Center State CT Zip Code 06250 Purpose of Disbursement Generic Cmte. Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-860866 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 12837.33
	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mission Control, Inc. Mailing Address 114 A Mansfield Holow Rd. City Mansfield Center State CT Zip Code 06250 Purpose of Disbursement Generic Cmte. Administrative Svcs 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-860867 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 7700.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	21012.33
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mission Control, Inc.</p> <p>Mailing Address 114 A Mansfield Holow Rd.</p> <p>City Mansfield Center State CT Zip Code 06250</p> <p>Purpose of Disbursement Generic Cmte. Administrative Svcs</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-860868</p> <p>Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 7700.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861254</p> <p>Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 32.90</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Pitney Bowes, Inc.</p> <p>Mailing Address P.O. Box 856390</p> <p>City Louisville State KY Zip Code 40285-6390</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861256</p> <p>Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 15.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7747.90

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Bank of America, NA <hr/> Mailing Address 730 15th Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Generic Cmte. Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861587 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 20.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Action Mailers, Inc. <hr/> Mailing Address 90 Commerce Drive <hr/> City Aston State PA Zip Code 19014 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-860909 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 26101.86
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-860910 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1551.03
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

27672.89

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-860911 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 380.06
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-860912 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 721.11
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Deliveries Plus, Inc. <hr/> Mailing Address PO Box 45013 <hr/> City Somerville State MA Zip Code 02145 <hr/> Purpose of Disbursement Generic Cmte. Delivery Expense 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-860913 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 56.36
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1157.53
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Deliveries Plus, Inc.	Transaction ID: SB21B-860914 Date of Disbursement MM / DD / YYYY 02 / 04 / 2009
	Mailing Address PO Box 45013	Amount of Each Disbursement this Period 56.36
	City Somerville State MA Zip Code 02145	
	Purpose of Disbursement Generic Cmte. Delivery 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) DirectAdvantage Marketing	Transaction ID: SB21B-860915 Date of Disbursement MM / DD / YYYY 02 / 04 / 2009
	Mailing Address The Outreach Center PO Box 55043	Amount of Each Disbursement this Period 25614.49
	City Boston State MA Zip Code 02205	
	Purpose of Disbursement Generic Cmte. Telemarketing	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) Merkle Response Services, Inc.	Transaction ID: SB21B-860916 Date of Disbursement MM / DD / YYYY 02 / 04 / 2009
	Mailing Address 100 Jamison Court	Amount of Each Disbursement this Period 5838.54
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement Computer Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	31509.39
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Greenberg Quinlan Rosner Research, Inc.</p> <p>Mailing Address 10 G Street NE, Suite 500</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Generic Cmte. Polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B-860895</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 11500.00</p> <p>005 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bon Jovi Tours, Inc.</p> <p>Mailing Address c/o Gudvi Sussman & Oppenheim 1222 16th Avenue S., 3rd Floor</p> <p>City Nashville State TN Zip Code 37212</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B-860896</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 8853.76</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B-860906</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2200.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

22553.76

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: SB21B-860907 Date of Disbursement
	Mailing Address 1225 Eye Street, NW Suite 1225	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Rental/Maintenance Candidate Name	<input type="text" value="2200.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Taylor Waites	Transaction ID: SB21B-860908 Date of Disbursement
	Mailing Address 9715 Fairway Avenue	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Silver Spring State MD Zip Code 20901	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="31.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="002"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) C & E Systems, LLC	Transaction ID: SB21B-860897 Date of Disbursement
	Mailing Address 2236 SE 10th Ave	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Portland State OR Zip Code 97214	Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Rental/Maintenance Candidate Name	<input type="text" value="700.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	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="2931.00"/>
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 Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) C & E Systems, LLC</p> <p>Mailing Address 2236 SE 10th Ave</p> <p>City Portland State OR Zip Code 97214</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</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-860898</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) David L. Andrukitis, Inc.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-860899</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 59.22</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Democratic Properties Corporation</p> <p>Mailing Address Operating Account 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Rent/Occupancy</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-860900</p> <p>Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 59900.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

60659.22

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Democratic Properties Corporation <hr/> Mailing Address Leasehold Account 430 South Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Leasehold Improvements 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-860901 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 4218.00
B. Full Name (Last, First, Middle Initial) Dewey Square Group, LLC <hr/> Mailing Address PO Box 60340 <hr/> City Charlotte State NC Zip Code 28260-0340 <hr/> Purpose of Disbursement Generic Strategic Political Services 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-860902 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 10005.43
C. Full Name (Last, First, Middle Initial) Susan Gage Caterers, Inc. <hr/> Mailing Address 7411 Livingston Road <hr/> City Oxon Hill State MD Zip Code 20745 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-860903 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 6584.73

SUBTOTAL of Disbursements This Page (optional) ▶

20808.16

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Gilbert & Wolfand, PC	Transaction ID: SB21B-860904 Date of Disbursement
	Mailing Address 2201 Wisconsin Avenue, NW	<input type="text" value="02"/> <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Svcs. Rendered Candidate Name	<input type="text" value="270.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Joshua Roberts Photography, LLC	Transaction ID: SB21B-860905 Date of Disbursement
	Mailing Address 1217 F Street, NE	<input type="text" value="02"/> <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name	<input type="text" value="658.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value=""/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Paul Farberman	Transaction ID: SB21B-860918 Date of Disbursement
	Mailing Address 1600 Rosecrans Ave., Suite 400, Media Center	<input type="text" value="02"/> <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Manhattan Beach State CA Zip Code 90266	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="75.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="002"/>
	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="1003.50"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Spoken Hub, LLC</p> <p>Mailing Address 259 W. 30th Street Suite 902</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-860920</p> <p>Date of Disbursement MM / DD / YYYY 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 6600.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861196</p> <p>Date of Disbursement MM / DD / YYYY 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 775.01</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America, NA</p> <p>Mailing Address 730 15th Street, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861198</p> <p>Date of Disbursement MM / DD / YYYY 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 323.23</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7698.24

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America, NA Mailing Address 730 15th Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Generic Cmte. Bank Fees 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-861197 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9 Amount of Each Disbursement this Period 256.72 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Jason O'Malley Mailing Address 7 Conestoga Road City Lancaster State PA Zip Code 17603 Purpose of Disbursement Generic Cmte. Fundraising Svcs 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-860922 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9 Amount of Each Disbursement this Period 3000.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Bank of America, NA Mailing Address 730 15th Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Generic Cmte. Bank Fees 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-861580 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9 Amount of Each Disbursement this Period 10951.12 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

14207.84

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Avalanche Services</p> <p>Mailing Address 515-B Industrial Blvd</p> <p>City Kearneysville State WV Zip Code 25430</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-860948</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 650.00</p>
<p>B. Full Name (Last, First, Middle Initial) Avalanche Services</p> <p>Mailing Address 515-B Industrial Blvd</p> <p>City Kearneysville State WV Zip Code 25430</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-860949</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 325.00</p>
<p>C. Full Name (Last, First, Middle Initial) Meyer Associates</p> <p>Mailing Address 14 North Seventh Avenue</p> <p>City St. Cloud State MN Zip Code 56303</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-860950</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 7409.25</p>

SUBTOTAL of Disbursements This Page (optional)	8384.25
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) AT & T</p> <p>Mailing Address P.O. Box 13148</p> <p>City Newark State NJ Zip Code 07101-5648</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B-860927</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3032.54"/></p>
<p>B. Full Name (Last, First, Middle Initial) Caitlin Beroza</p> <p>Mailing Address 16750 Whites Store Road</p> <p>City Boyds State MD Zip Code 20841</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B-860928</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="54.05"/></p>
<p>C. Full Name (Last, First, Middle Initial) Carey International, Inc.</p> <p>Mailing Address Billing Department P.O. Box 631414</p> <p>City Baltimore State MD Zip Code 21263-1414</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B-860929</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="294.75"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3381.34"/></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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Carey International, Inc.	Transaction ID: SB21B-860930 Date of Disbursement 02 / 06 / 2009
	Mailing Address: Billing Department P.O. Box 631414	Amount of Each Disbursement this Period 505.10
	City: Baltimore State: MD Zip Code: 21263-1414	
	Purpose of Disbursement: Travel Candidate Name:	002 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) Commonwealth Digital Office Solutions	Transaction ID: SB21B-860931 Date of Disbursement 02 / 06 / 2009
	Mailing Address: 21205 Ridgetop Circle	Amount of Each Disbursement this Period 38.61
	City: Sterling State: VA Zip Code: 20166-6501	
	Purpose of Disbursement: Copying 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) Commonwealth Digital Office Solutions	Transaction ID: SB21B-860932 Date of Disbursement 02 / 06 / 2009
	Mailing Address: 21205 Ridgetop Circle	Amount of Each Disbursement this Period 178.95
	City: Sterling State: VA Zip Code: 20166-6501	
	Purpose of Disbursement: Generic Cmte. Supplies 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)	722.66
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 234 / 475

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Commonwealth Digital Office Solutions</p> <p>Mailing Address 21205 Ridgetop Circle</p> <p>City Sterling State VA Zip Code 20166-6501</p> <p>Purpose of Disbursement Copying</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</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-860933</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">117.05</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9	117.05
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	6		2	0	0	9													
117.05																						
<p>B. Full Name (Last, First, Middle Initial) Crystal Valet</p> <p>Mailing Address 616 West College Street</p> <p>City Los Angeles State CA Zip Code 90012</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-860934</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2607.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9	2607.50
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	6		2	0	0	9													
2607.50																						
<p>C. Full Name (Last, First, Middle Initial) Jones Day Attn: Anne Donovan</p> <p>Mailing Address 51 Louisiana Avenue, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-860935</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">9423.67</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9	9423.67
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	6		2	0	0	9													
9423.67																						

SUBTOTAL of Disbursements This Page (optional)	12148.22
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Eleison Group, LLC</p> <p>Mailing Address 1655 N Fort Myer Dr Suite 700</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860936</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Eleison Group, LLC</p> <p>Mailing Address 1655 N Fort Myer Dr Suite 700</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Generic Cmte. Research Services</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-860937</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 30000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ExxonMobil</p> <p>Mailing Address Processing Center PO Box 688938</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860938</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 17.56</p>

SUBTOTAL of Disbursements This Page (optional) ▶

45017.56

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Grassroots Solutions, Inc.</p> <p>Mailing Address 2929 University Ave., SE #100</p> <p>City Minneapolis State MN Zip Code 55414</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860939</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2833.00</p>
<p>B. Full Name (Last, First, Middle Initial) JustinBradley</p> <p>Mailing Address 1725 I Street, NW Suite 300</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Generic Cmte. Temporary Services</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-860940</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 8988.75</p>
<p>C. Full Name (Last, First, Middle Initial) NCEC Services, Inc.</p> <p>Mailing Address 122 C Street, NW Suite 650</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860941</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p>

SUBTOTAL of Disbursements This Page (optional)	26821.75
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Legal Services Rendered</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-860942</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 45028.00</p>
<p>B. Full Name (Last, First, Middle Initial) Emily Sokolski</p> <p>Mailing Address 4123 Arkansas Ave., NW</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860943</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 402.00</p>
<p>C. Full Name (Last, First, Middle Initial) Christian Taylor</p> <p>Mailing Address 4556 Texas Avenue, SE</p> <p>City Washington State DC Zip Code 20019</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860944</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 20.10</p>

SUBTOTAL of Disbursements This Page (optional) ▶

45450.10

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</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-860945</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 119.25</p>
<p>B. Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</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-860946</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 61.14</p>
<p>C. Full Name (Last, First, Middle Initial) Robin Lyttle</p> <p>Mailing Address PO Box 301</p> <p>City Basye State VA Zip Code 22810</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-860947</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 7129.25</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	7309.64
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Lighting By Lyttle</p> <p>Mailing Address P. O. Box 301</p> <p>City Basye State VA Zip Code 22810</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-860947-10000</p> <p>Date of Disbursement 01 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 7129.25</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Field Strategies Inc.</p> <p>Mailing Address 2120 L Street, NW Suite 305</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860951</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 14375.00</p>
<p>C. Full Name (Last, First, Middle Initial) Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860869</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 29.61</p>

SUBTOTAL of Disbursements This Page (optional) ▶

14404.61

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) William Havemeyer</p> <p>Mailing Address PO Box 68</p> <p>City Roxbury State CT Zip Code 06783</p> <p>Purpose of Disbursement Offset For In-Kind Events</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-865327</p> <p>Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2543.00</p>
<p>B. Full Name (Last, First, Middle Initial) Tom Sebring</p> <p>Mailing Address 3 West Woods Road</p> <p>City Kent State CT Zip Code 06757</p> <p>Purpose of Disbursement Offset For In-Kind Events</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-865326</p> <p>Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2543.00</p>
<p>C. Full Name (Last, First, Middle Initial) CHS Mailing, Inc.</p> <p>Mailing Address 12006 Old Baltimore Pike</p> <p>City Beltsville State MD Zip Code 20705</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860972</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1260.00</p>

SUBTOTAL of Disbursements This Page (optional)	6346.00
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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 900 Brentwood Road, NE City Washington State DC Zip Code 20066 Purpose of Disbursement Generic Cmte. Postage/Delivery 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-860973 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 180.00
B.	Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 900 Brentwood Road, NE City Washington State DC Zip Code 20066 Purpose of Disbursement Generic Cmte. Postage/Delivery 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-860974 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 34710.81
C.	Full Name (Last, First, Middle Initial) Infoseal LLC Attn: Walter Drew Mailing Address 1825 Blue Hills Circle NE City Roanoke State VA Zip Code 24012 Purpose of Disbursement Generic Cmte. Postage/Delivery 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-860975 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 3448.62

SUBTOTAL of Disbursements This Page (optional) ▶

38339.43

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) CHS Mailing, Inc.</p> <p>Mailing Address 12006 Old Baltimore Pike</p> <p>City Beltsville State MD Zip Code 20705</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-861001</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 495.00</p>
<p>B. Full Name (Last, First, Middle Initial) Share Group, Inc.</p> <p>Mailing Address PO Box 55183</p> <p>City Boston State MA Zip Code 02205-5183</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861002</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 6061.50</p>
<p>C. Full Name (Last, First, Middle Initial) Share Group, Inc.</p> <p>Mailing Address PO Box 55183</p> <p>City Boston State MA Zip Code 02205-5183</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861003</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 13000.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

19557.00

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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Share Group, Inc.</p> <p>Mailing Address PO Box 55183</p> <p>City Boston State MA Zip Code 02205-5183</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861004</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 3.38</p>
<p>B. Full Name (Last, First, Middle Initial) Minneapolis Club</p> <p>Mailing Address 729 2nd Avenue South</p> <p>City Minneapolis State MN Zip Code 55402-2463</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-860963</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 567.22</p>
<p>C. Full Name (Last, First, Middle Initial) Pitney Bowes Global Financial Services LLC</p> <p>Mailing Address PO Box 856460</p> <p>City Louisville State KY Zip Code 40285</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860964</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 201.44</p>

SUBTOTAL of Disbursements This Page (optional) ▶

772.04

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Alex Van Wagner	Transaction ID: SB21B-860965 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 1339 Perry Place NW	Amount of Each Disbursement this Period 8.42
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Generic Cmte. Supplies	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) Alex Van Wagner	Transaction ID: SB21B-860966 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 1339 Perry Place NW	Amount of Each Disbursement this Period 480.00
	City Washington State DC Zip Code 20010	
	Purpose of Disbursement Travel	002 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) Shorr Johnson Magnus Media	Transaction ID: SB21B-860988 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 1831 Chestnut St Suite 602	Amount of Each Disbursement this Period 2262.95
	City Philadelphia State PA Zip Code 19103	
	Purpose of Disbursement Generic Cmte. Media 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)	▶	2751.37
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Jocelyn Augustino Photographer	Transaction ID: SB21B-861005 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 3416 Gunston Road	Amount of Each Disbursement this Period 635.00
	City Alexandria State VA Zip Code 22302	
	Purpose of Disbursement Generic Cmte. Events/Meetings	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) Jocelyn Augustino Photographer	Transaction ID: SB21B-861006 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 3416 Gunston Road	Amount of Each Disbursement this Period 1031.50
	City Alexandria State VA Zip Code 22302	
	Purpose of Disbursement Generic Cmte. Events/Meetings	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) Genesis Security Systems LLC	Transaction ID: SB21B-861007 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009
	Mailing Address 20459 Seneca Meadows Parkway	Amount of Each Disbursement this Period 52.00
	City Germantown State MD Zip Code 20876	
	Purpose of Disbursement Equipment Rental/Maintenance	001 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)	1718.50
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Hyatt Regency Washington Mailing Address On Capitol Hill Dept 6012 City Washington State DC Zip Code 20042-6012 Purpose of Disbursement Generic Cmte. Events/Meetings 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-861008 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 48153.94
B.	Full Name (Last, First, Middle Initial) Macke Water Systems, Inc. Mailing Address P.O. Box 545 City Wheeling State IL Zip Code 60090 Purpose of Disbursement Equipment Rental/Maintenance Candidate Name 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-861009 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 126.90
C.	Full Name (Last, First, Middle Initial) Occasions Caterers, Inc. Mailing Address 5458 3rd Street, NE City Washington State DC Zip Code 20011 Purpose of Disbursement Generic Cmte. Events/Meetings 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-861010 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 9649.72

SUBTOTAL of Disbursements This Page (optional)	57930.56
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Thrifty Car Rental	Transaction ID: SB21B-861011 Date of Disbursement																			
	Mailing Address DTG Operations, Inc. - BOK Lockbox 2241	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	0	9												
	City Tulsa State OK Zip Code 74182	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Generic Cmte. Processing Fees	<table border="1"><tr><td>221.79</td></tr></table>	221.79																		
221.79																					
	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) Thrifty Car Rental	Transaction ID: SB21B-861012 Date of Disbursement																			
	Mailing Address DTG Operations, Inc. - BOK Lockbox 2241	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	0	9												
	City Tulsa State OK Zip Code 74182	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel	<table border="1"><tr><td>1198.28</td></tr></table>	1198.28																		
1198.28																					
	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) tinyHorse Solutions LLC	Transaction ID: SB21B-861013 Date of Disbursement																			
	Mailing Address 1441 Rhode Island Ave., NW #214	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	0	9												
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Generic Strategic Political Services	<table border="1"><tr><td>10000.00</td></tr></table>	10000.00																		
10000.00																					
	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>11420.07</td></tr></table>	11420.07
11420.07		
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Kelly & Associates Insurance Group, Inc.</p> <p>Mailing Address P.O. Box 630283</p> <p>City Baltimore State MD Zip Code 21263</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860986</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 36.60</p>
<p>B. Full Name (Last, First, Middle Initial) Kelly & Associates Insurance Group, Inc.</p> <p>Mailing Address P.O. Box 630283</p> <p>City Baltimore State MD Zip Code 21263</p> <p>Purpose of Disbursement Insurance</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-860987</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 25836.68</p>
<p>C. Full Name (Last, First, Middle Initial) Kelly & Associates Insurance Group, Inc.</p> <p>Mailing Address P.O. Box 630283</p> <p>City Baltimore State MD Zip Code 21263</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-860999</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 35.40</p>

SUBTOTAL of Disbursements This Page (optional) ▶

25908.68

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Kelly & Associates Insurance Group, Inc.</p> <p>Mailing Address P.O. Box 630283</p> <p>City Baltimore State MD Zip Code 21263</p> <p>Purpose of Disbursement Insurance</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-861000</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24632.69"/></p>
<p>B. Full Name (Last, First, Middle Initial) Print Mail Communications</p> <p>Mailing Address 7201 Lockport Place</p> <p>City Lorton State VA Zip Code 22079</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861038</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3093.84"/></p>
<p>C. Full Name (Last, First, Middle Initial) Kate Knudson</p> <p>Mailing Address 2715 Cortland Place, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861039</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Kate Knudson</p> <p>Mailing Address 2715 Cortland Place, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861040</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Kate Knudson</p> <p>Mailing Address 2715 Cortland Place, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861041</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861044</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7478.08"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7540.08"/>
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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861045</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1870.83</p>
<p>B. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861046</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 11351.65</p>
<p>C. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861047</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 7099.04</p>

SUBTOTAL of Disbursements This Page (optional) ▶

20321.52

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861048 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 23689.33</p>
<p>B. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861049 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 56652.55</p>
<p>C. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861050 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 49053.87</p>

SUBTOTAL of Disbursements This Page (optional) ▶

129395.75

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861051</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 63223.49</p>
<p>B. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861052</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 9780.95</p>
<p>C. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861053</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 18634.33</p>

SUBTOTAL of Disbursements This Page (optional) ▶

91638.77

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**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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Integral Resources, Inc.</p> <p>Mailing Address 1972 Massachusetts Avenue</p> <p>City Cambridge State MA Zip Code 02140</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861054 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 6668.08</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Emily Sokolski</p> <p>Mailing Address 4123 Arkansas Ave., NW</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861043 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 294.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861056 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 53074.94</p> <p>Category/Type 002</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

60037.02

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) St. Regis Hotel</p> <p>Mailing Address 923 16th St NW,</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Travel 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-861056-10000 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 53074.94</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Catering 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-861057 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 194613.75</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Eighty One</p> <p>Mailing Address 381 Park Ave S</p> <p>City New York State NY Zip Code 10024</p> <p>Purpose of Disbursement Generic Cmte. Catering 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-861057-10000 Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 13200.00</p> <p>[MEMO ITEM] Memo Entry</p>

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194613.75

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Top Of The Tower</p> <p>Mailing Address 1717 Arch St # 50</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-20000</p> <p>Date of Disbursement 09 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 4145.16</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) The Liaison Capitol Hill</p> <p>Mailing Address 415 New Jersey Avenue NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-30000</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 25045.16</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Hyatt Regency Washington</p> <p>Mailing Address 400 New Jersey Avenue N.W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-40000</p> <p>Date of Disbursement 11 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 7500.00</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) The Liaison Capitol Hill</p> <p>Mailing Address 415 New Jersey Avenue NW,</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-50000 Date of Disbursement 11 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 12625.80</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Hyatt Regency Washington</p> <p>Mailing Address 400 New Jersey Avenue N.W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-60000 Date of Disbursement 11 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 992.28</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Hyatt Regency Washington</p> <p>Mailing Address 400 New Jersey Avenue N.W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-70000 Date of Disbursement 11 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 744.25</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Hyatt Regency Washington</p> <p>Mailing Address 400 New Jersey Avenue N.W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-80000 Date of Disbursement 11 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 836.77</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) St. Regis Hotel</p> <p>Mailing Address 923 16th Street, NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-100000 Date of Disbursement 12 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 6500.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Donovan House</p> <p>Mailing Address 1155 14th St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-110000 Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 110245.76</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Donovan House</p> <p>Mailing Address 1155 14th St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-120000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="458.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Donovan House</p> <p>Mailing Address 1155 14th St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-130000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="571.36"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CVS Pharmacy</p> <p>Mailing Address 661 Pennsylvania Avenue South</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-140000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2119.00"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) St. Regis Hotel</p> <p>Mailing Address 923 16th Street SW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-150000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="971.36"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Hyatt Regency Washington</p> <p>Mailing Address 400 New Jersey Avenue N.W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-160000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7500.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Red Roof Inn</p> <p>Mailing Address 196 Ballard Court</p> <p>City Virginia Beach State VA Zip Code 23462</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-170000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="994.33"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Old Ebbitt Grill</p> <p>Mailing Address 675 15th St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-180000</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 54.52</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) DC Ticket Payment</p> <p>Mailing Address 65 K Street NE</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-190000</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 1331 Pennsylvania Avenue</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861057-200000</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 35.00</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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</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-861058</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 20.75</p> <p>001 Category/ Type</p> <p>See Attached Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Aaron Rents</p> <p>Mailing Address 5720 General Washington Dr</p> <p>City Falls Church State VA Zip Code 22041</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</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-861058-10000</p> <p>Date of Disbursement MM / DD / YYYY 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 20.75</p> <p>001 Category/ Type</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861059</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 20910.50</p> <p>Category/ Type</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	20931.25
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) National Press Club</p> <p>Mailing Address 529 14th Street, NW</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861059-10000</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 2660.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Asg Valet Transportation</p> <p>Mailing Address 2131 K Street, NW, Suite 200</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861059-20000</p> <p>Date of Disbursement 10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 639.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Event Emissary Llc</p> <p>Mailing Address 1017A P Street</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861059-30000</p> <p>Date of Disbursement 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 17500.00</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Rice</p> <p>Mailing Address 1608 14th St NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861059-40000</p> <p>Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 111.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861060</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>See Attached Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Starfishcafe</p> <p>Mailing Address 539 8th St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861060-10000</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

50.00

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Processing Fees 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-861061 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period 29.00 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 100 North Tryon Street City Charlotte State NC Zip Code 28202 Purpose of Disbursement Generic Cmte. Processing Fees 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-861061-10000 Date of Disbursement 01 / 28 / 2009 Amount of Each Disbursement this Period 29.00 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Processing Fees 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-861062 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period 2607.72 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	2636.72
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Dc Gov Motor Veh Website Mailing Address 301 C St NW # 1157 City Washington State DC Zip Code 20010 Purpose of Disbursement Generic Cmte. Processing Fees 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-861062-10000 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9 Amount of Each Disbursement this Period 174.00 [MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 100 North Tryon Street City Charlotte State NC Zip Code 28202 Purpose of Disbursement Generic Cmte. Processing Fees 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-861062-20000 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9 Amount of Each Disbursement this Period 2433.72 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Supplies 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-861063 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period 2114.69 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	2114.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tigereye Promotions Llc</p> <p>Mailing Address 1000 Progress St.</p> <p>City Greenville State OH Zip Code 45331</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861063-10000</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 439.76</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Dell Sales & Service</p> <p>Mailing Address 1 Dell Way</p> <p>City Round Rock State TX Zip Code 78682</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861063-20000</p> <p>Date of Disbursement 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1516.43</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Harris Teeter</p> <p>Mailing Address 1350 Potomac Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861063-30000</p> <p>Date of Disbursement 11 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 73.50</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Usps Postal Store</p> <p>Mailing Address 107 N Highway C</p> <p>City Rayville State MO Zip Code 64161</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861063-40000 Date of Disbursement 11 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 85.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861064 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Barnes & Noble</p> <p>Mailing Address 555 12th St NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861064-10000 Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

75.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861065 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period 297031.89 See Attached Memo Entry	
B.	Full Name (Last, First, Middle Initial) The Liaison Capitol Hill Mailing Address 415 New Jersey Avenue NW City Washington State DC Zip Code 20001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861065-260000 Date of Disbursement 09 / 29 / 2008 Amount of Each Disbursement this Period 81.70 [MEMO ITEM] Memo Entry	
C.	Full Name (Last, First, Middle Initial) Hyatt Regency Washington Mailing Address 400 New Jersey Avenue N.W City Washington State DC Zip Code 20001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861065-580000 Date of Disbursement 12 / 03 / 2008 Amount of Each Disbursement this Period -102.47 [MEMO ITEM] Memo Entry	

SUBTOTAL of Disbursements This Page (optional) ▶

297031.89

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Hyatt Regency Washington</p> <p>Mailing Address 400 New Jersey Avenue N.W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861065-590000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="102.47"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Amtrak.com</p> <p>Mailing Address 50 Massachusetts Ave NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861065-600000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="221.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) CVS Pharmacy</p> <p>Mailing Address 661 Pennsylvania Avenue South</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861065-610000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="317.85"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Donovan House	Transaction ID: SB21B-861065-620000
	Mailing Address 1155 14th St NW	Date of Disbursement MM / DD / YYYY 01 / 23 / 2009
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 269.04
	Purpose of Disbursement Travel Candidate Name	002 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) Donovan House	Transaction ID: SB21B-861065-630000
	Mailing Address 1155 14th St NW	Date of Disbursement MM / DD / YYYY 01 / 26 / 2009
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 44.00
	Purpose of Disbursement Travel Candidate Name	002 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) Fairfax Embassy Row	Transaction ID: SB21B-861065-640000
	Mailing Address 2100 Massachusetts Avenue, N.W	Date of Disbursement MM / DD / YYYY 01 / 19 / 2009
	City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period 5489.16
	Purpose of Disbursement Travel Candidate Name	002 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)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Fairfax Embassy Row</p> <p>Mailing Address 2100 Massachusetts Avenue, N.W.</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel 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-861065-650000 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 73199.80</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Georgetown Inn</p> <p>Mailing Address 1310 Wisconsin Avenue, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel 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-861065-660000 Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 77444.14</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Palomar DC</p> <p>Mailing Address 2121 P St NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Travel 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-861065-670000 Date of Disbursement 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 73188.40</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) The Liaison Capitol Hill</p> <p>Mailing Address 415 New Jersey Avenue NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861065-680000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="66776.80"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel Credit Invoice</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-861066</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-277168.23"/></p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Donovan House</p> <p>Mailing Address 1155 14th St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861066-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.30"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Palomar Dc</p> <p>Mailing Address 2121 P St NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Travel 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-861066-20000 Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period -67699.27</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Fairfax Embassy Row</p> <p>Mailing Address 2100 Massachusetts ave, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Travel 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-861066-30000 Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period -69540.36</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Georgetown Inn</p> <p>Mailing Address 1310 Wisconsin Avenue</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel 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-861066-40000 Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period -65655.10</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Liaison Capitol Hill</p> <p>Mailing Address 415 New Jersey Avenue NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861066-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-66776.80"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hyatt Regency Washington</p> <p>Mailing Address 400 New Jersey Avenue N.W</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861066-150000</p> <p>Date of Disbursement</p> <p><input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-7500.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel Credit Invoice</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-861067</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-50123.88"/></p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="-50123.88"/>
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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) American Air</p> <p>Mailing Address 4333 Amon Carter Boulevard</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861067-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="974.50"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Knights Inn</p> <p>Mailing Address 2601 Zuni St.</p> <p>City Denver State CO Zip Code 80211</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861067-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2032.85"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861067-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <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="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-9000.00"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861067-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-9000.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861067-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-9000.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861067-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-9000.00</p> <p>[MEMO ITEM] Memo Entry</p>

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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 Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Courtyard By Marriott Mailing Address 948 W Dillon Rd City Louisville State CO Zip Code 80027 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861067-70000 Date of Disbursement 09 / 08 / 2008
	Amount of Each Disbursement this Period -9000.00
	[MEMO ITEM] Memo Entry
	Category/Type 002
B. Full Name (Last, First, Middle Initial) Courtyard By Marriott Mailing Address 948 W Dillon Rd City Louisville State CO Zip Code 80027 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861067-80000 Date of Disbursement 09 / 08 / 2008
	Amount of Each Disbursement this Period -9000.00
	[MEMO ITEM] Memo Entry
	Category/Type 002
C. Full Name (Last, First, Middle Initial) Courtyard By Marriott Mailing Address 948 W Dillon Rd City Louisville State CO Zip Code 80027 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861067-90000 Date of Disbursement 09 / 08 / 2008
	Amount of Each Disbursement this Period -1000.00
	[MEMO ITEM] Memo Entry
	Category/Type 002

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Loews Hotels Denver</p> <p>Mailing Address 4150 East Mississippi Ave</p> <p>City Denver State CO Zip Code 80246</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861067-100000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="228.06"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Loews Hotels Denver</p> <p>Mailing Address 4150 East Mississippi Ave</p> <p>City Denver State CO Zip Code 80246</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861067-110000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="228.06"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sheraton Denver</p> <p>Mailing Address 360 Union Boulevard</p> <p>City Lakewood State CO Zip Code 80228</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861067-120000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1412.65"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel Credit Invoice 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:	Transaction ID: SB21B-861068 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period -65438.75 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Courtyard By Marriott Mailing Address 948 W Dillon Rd City Louisville State CO Zip Code 80027 Purpose of Disbursement Travel 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:	Transaction ID: SB21B-861068-5000 Date of Disbursement 09 / 08 / 2008 Amount of Each Disbursement this Period -9000.00 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Courtyard By Marriott Mailing Address 948 W Dillon Rd City Louisville State CO Zip Code 80027 Purpose of Disbursement Travel 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:	Transaction ID: SB21B-861068-15000 Date of Disbursement 09 / 08 / 2008 Amount of Each Disbursement this Period -9000.00 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

-65438.75

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861068-25000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-9000.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861068-35000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-9000.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861068-45000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-9000.00</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 Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861068-55000</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period -9000.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861068-65000</p> <p>Date of Disbursement 09 / 28 / 2008</p> <p>Amount of Each Disbursement this Period -140.51</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861068-75000</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period -7859.49</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Courtyard By Marriott</p> <p>Mailing Address 948 W Dillon Rd</p> <p>City Louisville State CO Zip Code 80027</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861068-85000</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-3438.75"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) The Limousine Connection, Inc.</p> <p>Mailing Address PO Box 411</p> <p>City Fairfax State VA Zip Code 22038</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861096</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2858.25"/></p>
<p>C. Full Name (Last, First, Middle Initial) The Limousine Connection, Inc.</p> <p>Mailing Address PO Box 411</p> <p>City Fairfax State VA Zip Code 22038</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861097</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8048.25"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10906.50"/>
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 Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Bank of America, NA <hr/> Mailing Address 730 15th Street, NW <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement Generic Cmte. Bank Fees Candidate Name	Transaction ID: SB21B-861579 Date of Disbursement MM / DD / YYYY 02 / 17 / 2009
	Amount of Each Disbursement this Period 3565.75 Category/Type: 001
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) Bank of America, NA <hr/> Mailing Address 730 15th Street, NW <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement Generic Cmte. Bank Fees Candidate Name	Transaction ID: SB21B-861588 Date of Disbursement MM / DD / YYYY 02 / 17 / 2009
	Amount of Each Disbursement this Period 16.60 Category/Type: 001
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) Allied Printing Resources <hr/> Mailing Address P.O. Box 6506 455 Washington Ave. <hr/> City Carlstadt State NJ Zip Code 07072 Purpose of Disbursement Generic Cmte. Printing Candidate Name	Transaction ID: SB21B-861108 Date of Disbursement MM / DD / YYYY 02 / 18 / 2009
	Amount of Each Disbursement this Period 39203.50 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) ▶

42785.85

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Allied Printing Resources <hr/> Mailing Address P.O. Box 6506 455 Washington Ave. <hr/> City Carlstadt State NJ Zip Code 07072 <hr/> Purpose of Disbursement Generic Cmte. Printing 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-861109 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 594.00

B. Full Name (Last, First, Middle Initial) Allied Printing Resources <hr/> Mailing Address P.O. Box 6506 455 Washington Ave. <hr/> City Carlstadt State NJ Zip Code 07072 <hr/> Purpose of Disbursement Generic Cmte. Printing 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-861110 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 449.19

C. Full Name (Last, First, Middle Initial) Telefund, Inc. <hr/> Mailing Address Attention: Nicole Lane P.O. Box 2366 <hr/> City Denver State CO Zip Code 80201-2366 <hr/> Purpose of Disbursement Generic Cmte. Telemarketing 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-861111 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 13122.30

SUBTOTAL of Disbursements This Page (optional) ▶	14165.49
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Print Mail Communications</p> <p>Mailing Address 7201 Lockport Place</p> <p>City Lorton State VA Zip Code 22079</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-861112</p> <p>Date of Disbursement MM / DD / YYYY 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1400.00</p>
<p>B. Full Name (Last, First, Middle Initial) Print Mail Communications</p> <p>Mailing Address 7201 Lockport Place</p> <p>City Lorton State VA Zip Code 22079</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-861113</p> <p>Date of Disbursement MM / DD / YYYY 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1500.01</p>
<p>C. Full Name (Last, First, Middle Initial) Print Mail Communications</p> <p>Mailing Address 7201 Lockport Place</p> <p>City Lorton State VA Zip Code 22079</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-861114</p> <p>Date of Disbursement MM / DD / YYYY 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 606.00</p>

SUBTOTAL of Disbursements This Page (optional)

3506.01

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Print Mail Communications	Transaction ID: SB21B-861115 Date of Disbursement
	Mailing Address 7201 Lockport Place	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lorton State VA Zip Code 22079	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Printing	<input type="text" value="1145.67"/>
	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) Todd Schulte	Transaction ID: SB21B-861100 Date of Disbursement
	Mailing Address 631 D Street, NW Apt. 230	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="375.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Brennan Bilberry	Transaction ID: SB21B-861101 Date of Disbursement
	Mailing Address 722 5th St NE	<input type="text" value="02"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Per Diem	<input type="text" value="375.00"/>
	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)	<input type="text" value="1895.67"/>
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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Ryan Rudominer</p> <p>Mailing Address 1320 N. Veitech Street Apt. 1201</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Per Diem</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-861102</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="375.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Carey International, Inc.</p> <p>Mailing Address Billing Department P.O. Box 631414</p> <p>City Baltimore State MD Zip Code 21263-1414</p> <p>Purpose of Disbursement Travel</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-861103</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3360.66"/></p>
<p>C. Full Name (Last, First, Middle Initial) The Benenson Strategy Group</p> <p>Mailing Address 14 East 60th Street Suite 1002</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Generic Cmte. Polling</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-861107</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="13735.66"/>
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)

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Carey International, Inc.				Transaction ID: SB21B-861116	
	Mailing Address Billing Department P.O. Box 631414				Date of Disbursement	
	City Baltimore		State MD	Zip Code 21263-1414	02 / 18 / 2009	
	Purpose of Disbursement Travel				Amount of Each Disbursement this Period	
Candidate Name				294.75		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
State: District:				Other (specify) ▼		
				002 Category/ Type		
B.	Full Name (Last, First, Middle Initial) Washington Metropolitan Area Transit Authority				Transaction ID: SB21B-861365	
	Mailing Address 600 Fifth Street, NW				Date of Disbursement	
	City Washington		State DC	Zip Code 20001	02 / 18 / 2009	
	Purpose of Disbursement Travel				Amount of Each Disbursement this Period	
Candidate Name				1370.15		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
State: District:				Other (specify) ▼		
				002 Category/ Type		
C.	Full Name (Last, First, Middle Initial) TC Mailing				Transaction ID: SB21B-861121	
	Mailing Address ATTN: Nancy Gay 809 Keith Lane				Date of Disbursement	
	City Owings		State MD	Zip Code 20736	02 / 19 / 2009	
	Purpose of Disbursement Generic Cmte. Postage/Delivery				Amount of Each Disbursement this Period	
Candidate Name				813.95		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General		
State: District:				Other (specify) ▼		
				001 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

2478.85

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Samantha Gross	Transaction ID: SB21B-861124 Date of Disbursement 02 / 19 / 2009
	Mailing Address 10605 Concord Street Suite 202	Amount of Each Disbursement this Period 7500.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement Generic Cmte. Fundraising Svcs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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 Gross	Transaction ID: SB21B-861125 Date of Disbursement 02 / 19 / 2009
	Mailing Address 10605 Concord Street Suite 202	Amount of Each Disbursement this Period 7500.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement Generic Cmte. Fundraising Svcs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DC Treasurer	Transaction ID: SB21B-861122 Date of Disbursement 02 / 19 / 2009
	Mailing Address PO Box 679 Ben Franklin Station	Amount of Each Disbursement this Period 5788.23
	City Washington State DC Zip Code 20044	
	Purpose of Disbursement Use Tax	001 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)	▶	20788.23
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Craig Hall</p> <p>Mailing Address 6801 Gaylord Pkwy Suite 100</p> <p>City Frisco State TX Zip Code 75034-8557</p> <p>Purpose of Disbursement Offset For In-Kind Events</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861515</p> <p>Date of Disbursement MM / DD / YYYY 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 121.76</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kathryn Hall</p> <p>Mailing Address 6801 Gaylord Parkway Suite 100</p> <p>City Frisco State TX Zip Code 75034</p> <p>Purpose of Disbursement Offset For In-Kind Events</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861514</p> <p>Date of Disbursement MM / DD / YYYY 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 121.75</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American List Counsel, Inc.</p> <p>Mailing Address P.O. Box 32189</p> <p>City Hartford State CT Zip Code 06150-2189</p> <p>Purpose of Disbursement Generic Cmte. List Exchange</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-861126</p> <p>Date of Disbursement MM / DD / YYYY 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 511.26</p>

SUBTOTAL of Disbursements This Page (optional) ▶

754.77

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-861127 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 593.54
B. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-861128 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 80.06
C. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-861129 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 80.06

SUBTOTAL of Disbursements This Page (optional) ▶

753.66

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) American List Counsel, Inc.	Transaction ID: SB21B-861130 Date of Disbursement
	Mailing Address P.O. Box 32189	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Hartford State CT Zip Code 06150-2189	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. List Exchange	<input type="text" value="124.06"/>
	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) American List Counsel, Inc.	Transaction ID: SB21B-861131 Date of Disbursement
	Mailing Address P.O. Box 32189	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Hartford State CT Zip Code 06150-2189	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. List Rental	<input type="text" value="60.06"/>
	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) Allied Web Services	Transaction ID: SB21B-861132 Date of Disbursement
	Mailing Address 1120 McKenzie Road	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Lake Helen State FL Zip Code 32744	Amount of Each Disbursement this Period
	Purpose of Disbursement Generic Cmte. Printing	<input type="text" value="19044.00"/>
	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)	<input type="text" value="19228.12"/>
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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Blue State Digital, LLC</p> <p>Mailing Address 734 15th Street, NW Suite 1200</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Generic Cmte. OnLine Services</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-861174</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 20550.00</p>
<p>B. Full Name (Last, First, Middle Initial) Data Direct, Inc.</p> <p>Mailing Address 181 Potomac Street PO Box 855</p> <p>City Harpers State WV Zip Code 25425</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861175</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 3312.00</p>
<p>C. Full Name (Last, First, Middle Initial) Data Direct, Inc.</p> <p>Mailing Address 181 Potomac Street PO Box 855</p> <p>City Harpers State WV Zip Code 25425</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861176</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 3064.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

26926.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Deliveries Plus, Inc.</p> <p>Mailing Address PO Box 45013</p> <p>City Somerville State MA Zip Code 02145</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861177</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 56.36</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Deliveries Plus, Inc.</p> <p>Mailing Address PO Box 45013</p> <p>City Somerville State MA Zip Code 02145</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861178</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 56.36</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Merkle Response Services, Inc.</p> <p>Mailing Address 100 Jamison Court</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861179</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 63.84</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

176.56

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Merkle Response Services, Inc.	Transaction ID: SB21B-861180
	Mailing Address 100 Jamison Court	Date of Disbursement MM / DD / YYYY 02 / 20 / 2009
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period 4475.43
	Purpose of Disbursement Computer Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Merkle Response Services, Inc.	Transaction ID: SB21B-861181
	Mailing Address 100 Jamison Court	Date of Disbursement MM / DD / YYYY 02 / 20 / 2009
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period 52.92
	Purpose of Disbursement Generic Cmte. Postage/Delivery	Category/ Type 001
	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) Meyer Associates	Transaction ID: SB21B-861182
	Mailing Address 14 North Seventh Avenue	Date of Disbursement MM / DD / YYYY 02 / 20 / 2009
	City St. Cloud State MN Zip Code 56303	Amount of Each Disbursement this Period 2493.00
	Purpose of Disbursement Generic Cmte. Telemarketing	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)	7021.35
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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Jason Rosenbaum</p> <p>Mailing Address 912 F St., NW #503</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Telephones 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-861183</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Public Interest Communications Inc.</p> <p>Mailing Address 7700 Leesburg Pike, Suite 301</p> <p>City Falls Church State VA Zip Code 22043</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees 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-861184</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 159.18</p> <p>Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Public Interest Communications Inc.</p> <p>Mailing Address 7700 Leesburg Pike, Suite 301</p> <p>City Falls Church State VA Zip Code 22043</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees 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-861185</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 498.60</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

957.78

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Aramark Refreshment Services Mailing Address 8240 Stayton Drive Suite N City Jessup State MD Zip Code 20794 Purpose of Disbursement Generic Cmte. Supplies 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-861133 Date of Disbursement 02 / 20 / 2009 Amount of Each Disbursement this Period 279.07
B.	Full Name (Last, First, Middle Initial) Aramark Refreshment Services Mailing Address 8240 Stayton Drive Suite N City Jessup State MD Zip Code 20794 Purpose of Disbursement Generic Cmte. Supplies 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-861134 Date of Disbursement 02 / 20 / 2009 Amount of Each Disbursement this Period 230.34
C.	Full Name (Last, First, Middle Initial) Aramark Refreshment Services Mailing Address 8240 Stayton Drive Suite N City Jessup State MD Zip Code 20794 Purpose of Disbursement Generic Cmte. Supplies 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-861135 Date of Disbursement 02 / 20 / 2009 Amount of Each Disbursement this Period 381.89

SUBTOTAL of Disbursements This Page (optional) ▶

891.30

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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) AT & T Mobility</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement Telephones 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-861136 Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1846.26</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) AVF Consulting, Inc.</p> <p>Mailing Address 1220-C Joppa Road Suite 514</p> <p>City Baltimore State MD Zip Code 21286</p> <p>Purpose of Disbursement Computer Services 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-861137 Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 87.50</p> <p>Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Beth Barefoot</p> <p>Mailing Address 815 Maryland Ave NE Apt. 205</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Telephones 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-861138 Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 81.27</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2015.03

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Brennan Bilberry	Transaction ID: SB21B-861139 Date of Disbursement 02 / 20 / 2009
	Mailing Address 722 5th St NE	Amount of Each Disbursement this Period 113.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Candidate Name	002 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) Burnside & Associates	Transaction ID: SB21B-861140 Date of Disbursement 02 / 20 / 2009
	Mailing Address 1311 Tremaine Avenue	Amount of Each Disbursement this Period 721.00
	City Los Angeles State CA Zip Code 90019	
	Purpose of Disbursement Travel Candidate Name	002 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) Campaign Media Analysis Group	Transaction ID: SB21B-861141 Date of Disbursement 02 / 20 / 2009
	Mailing Address Post Office Box 7247-9301	Amount of Each Disbursement this Period 16875.00
	City Philadelphia State PA Zip Code 19170	
	Purpose of Disbursement Generic Cmte. Media Services 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)

17709.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Dixon / Davis Media Group, LLC	Transaction ID: SB21B-861142 Date of Disbursement 02 / 20 / 2009
	Mailing Address 1028 33rd Street, NW Suite 300	Amount of Each Disbursement this Period 8575.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Generic Cmte. Media Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Diana Fassbender	Transaction ID: SB21B-861143 Date of Disbursement 02 / 20 / 2009
	Mailing Address 1629 Columbia Rd NW Apt 630	Amount of Each Disbursement this Period 40.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Telephones	001 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) Federal Express	Transaction ID: SB21B-861144 Date of Disbursement 02 / 20 / 2009
	Mailing Address PO Box 371461	Amount of Each Disbursement this Period 160.59
	City Pittsburgh State PA Zip Code 15250-7461	
	Purpose of Disbursement Generic Cmte. Delivery 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) ▶

8775.59

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 371461</p> <p>City Pittsburgh State PA Zip Code 15250-7461</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861145 Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 35.89</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Field Strategies Inc.</p> <p>Mailing Address 2120 L Street, NW Suite 305</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861146 Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2734.90</p> <p>Category/Type 002</p>
<p>C. Full Name (Last, First, Middle Initial) Iron Mountain Records Management</p> <p>Mailing Address P.O. Box 27128</p> <p>City New York State NY Zip Code 10087-7128</p> <p>Purpose of Disbursement Generic Cmte. Rent/Occupancy</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-861147 Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 348.82</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional)	3119.61
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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Iron Mountain Records Management <hr/> Mailing Address P.O. Box 27128 <hr/> City New York State NY Zip Code 10087-7128 <hr/> Purpose of Disbursement Generic Cmte. Rent/Occupancy 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-861148 Date of Disbursement 02 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 911.62
B.	Full Name (Last, First, Middle Initial) Lexis-Nexis <hr/> Mailing Address PO Box 7247-7090 <hr/> City Philadelphia State PA Zip Code 19170-7090 <hr/> Purpose of Disbursement Wire Services On Line Svcs. 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-861149 Date of Disbursement 02 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 4111.87
C.	Full Name (Last, First, Middle Initial) Kevin McKeon <hr/> Mailing Address 408 15th St., SE Unit B <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 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-861151 Date of Disbursement 02 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 128.90

SUBTOTAL of Disbursements This Page (optional) ▶

5152.39

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) NCEC Services, Inc.</p> <p>Mailing Address 122 C Street, NW Suite 650</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861152</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</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-861153</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2200.00</p>
<p>C. Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</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-861154</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2200.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

19400.00

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: SB21B-861155 Date of Disbursement 02 / 20 / 2009
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 2184.16
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal Services Rendered	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) Perkins Coie	Transaction ID: SB21B-861156 Date of Disbursement 02 / 20 / 2009
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 925.71
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal Services Rendered	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) Perkins Coie	Transaction ID: SB21B-861157 Date of Disbursement 02 / 20 / 2009
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 15084.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal Services Rendered	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)

18193.87

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) The Real Estate Board of NY, Inc.</p> <p>Mailing Address 570 Lexington Ave.</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861158</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1268.48</p>
<p>B. Full Name (Last, First, Middle Initial) Staples Business Advantages</p> <p>Mailing Address Dept DC PO Box 415256</p> <p>City Boston State MA Zip Code 02241</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861159</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 249.42</p>
<p>C. Full Name (Last, First, Middle Initial) Staples Business Advantages</p> <p>Mailing Address Dept DC PO Box 415256</p> <p>City Boston State MA Zip Code 02241</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861160</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 195.95</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1713.85

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Staples Business Advantages</p> <p>Mailing Address Dept DC PO Box 415256</p> <p>City Boston State MA Zip Code 02241</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861161</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 399.04</p>
<p>B. Full Name (Last, First, Middle Initial) Staples Business Advantages</p> <p>Mailing Address Dept DC PO Box 415256</p> <p>City Boston State MA Zip Code 02241</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861162</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1115.72</p>
<p>C. Full Name (Last, First, Middle Initial) Amanda Swenson</p> <p>Mailing Address 4419 N. 4th Road Apt. 2</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861163</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 15.00</p>

SUBTOTAL of Disbursements This Page (optional)	1529.76
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Syzygy Event Productions, LLC</p> <p>Mailing Address 7895 I Cessna Avenue</p> <p>City Gaithersburg State MD Zip Code 20879</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861164</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2389.95</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Thrifty Car Rental</p> <p>Mailing Address DTG Operations, Inc. - BOK Lockbox 2241</p> <p>City Tulsa State OK Zip Code 74182</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861165</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 21.71</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</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-861166</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 198.02</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2609.68

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 Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</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-861167</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 99.82</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861168</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 9.00</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</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-861169</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1337.90</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1446.72

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861170</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 9.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon Conferencing MCI Communications Svs, Inc.</p> <p>Mailing Address Dept. CH 10305</p> <p>City Palantine State IL Zip Code 60055-0305</p> <p>Purpose of Disbursement Telephones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861171</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 181.32</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 25505</p> <p>City Lehigh Valley State PA Zip Code 18002-5505</p> <p>Purpose of Disbursement Wireless Service</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-861172</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1713.16</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1903.48

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Louisa Whitney</p> <p>Mailing Address 1701 16th St., NW Apt. 721</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861173</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 55.95</p> <p>002 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Nicole M Runge</p> <p>Mailing Address 631 G Street, SE Apt. 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Telephones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861186</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 109.38</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Nicole M Runge</p> <p>Mailing Address 631 G Street, SE Apt. 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Telephones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861187</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 122.51</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

287.84

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Emily Sokolski</p> <p>Mailing Address 4123 Arkansas Ave., NW</p> <p>City Washington State DC Zip Code 20011</p> <p>Purpose of Disbursement Stipend</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861188</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 261.00</p>
<p>B. Full Name (Last, First, Middle Initial) UBS Financial Services, Inc.</p> <p>Mailing Address 1501 K Street, NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Retirement</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-861199</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 12459.42</p>
<p>C. Full Name (Last, First, Middle Initial) Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861098</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 47.16</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12767.58

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861099</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="449.44"/></p>
<p>B. Full Name (Last, First, Middle Initial) Auburn Quad, Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861262</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="0.20"/></p>
<p>C. Full Name (Last, First, Middle Initial) Lisa Presta</p> <p>Mailing Address 2337 16th Ave.</p> <p>City San Francisco State CA Zip Code 94116</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861201</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="617.35"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1066.99"/>
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Lisa Presta</p> <p>Mailing Address 2337 16th Ave.</p> <p>City San Francisco State CA Zip Code 94116</p> <p>Purpose of Disbursement Generic Cmte. Fundraising Svcs</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-861202</p> <p>Date of Disbursement MM / DD / YYYY 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 3870.00</p>
<p>B. Full Name (Last, First, Middle Initial) City Clerk of Schenectady</p> <p>Mailing Address 620 State Street</p> <p>City Schenectady State NY Zip Code 12305</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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-861203</p> <p>Date of Disbursement MM / DD / YYYY 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 720.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861206</p> <p>Date of Disbursement MM / DD / YYYY 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 194.84</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4784.84

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 125 West 18th Street</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861206-10000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Talay Thai Restaurant</p> <p>Mailing Address 406 1st Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861206-20000</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 24.09</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Seminar/ Staff Training</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861207</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 499.00</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

499.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Sylvester Management</p> <p>Mailing Address 7522 Irmo Dr. Suite 1</p> <p>City Columbia State SC Zip Code 29212</p> <p>Purpose of Disbursement Seminar/ Staff Training</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861207-10000 Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 499.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861208 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 131.98</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Ftd*Kay'S Flowers</p> <p>Mailing Address 3113 Woodcreek Drive</p> <p>City Downers Grove State IL Zip Code 60515</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861208-10000 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 131.98</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	131.98
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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Supplies 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-861209 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 58.11 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Blue Iris Flowers Mailing Address 660 Pennsylvania Ave SE City Washington State DC Zip Code 20003 Purpose of Disbursement Generic Cmte. Supplies 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-861209-10000 Date of Disbursement 01 / 14 / 2009 Amount of Each Disbursement this Period 58.11 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Processing Fees 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-861210 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 32.76 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	90.87
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 Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 100 North Tryon Street</p> <p>City Charlotte State NC Zip Code 28202</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B-861210-10000</p> <p>Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 29.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 100 North Tryon Street</p> <p>City Charlotte State NC Zip Code 28202</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B-861210-20000</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 3.76</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: SB21B-861211</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 175.11</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

175.11

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dell Canada Inc</p> <p>Mailing Address 155 Gordon Baker Road, Suite 5</p> <p>City North York State ON Zip Code M2H3N-5</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861211-10000</p> <p>Date of Disbursement 10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 175.11</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861212</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 317.44</p> <p>Disputed Fraudulent Charge -Golfsmith International</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Golfsmith International</p> <p>Mailing Address 11000 N I-35</p> <p>City Austin State TX Zip Code 78753</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861212-10000</p> <p>Date of Disbursement 10 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 317.44</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

317.44

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861213 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 157.50 See Attached Memo Entry	
B.	Full Name (Last, First, Middle Initial) Democratic Gain Mailing Address 499 South Capitol Street, Suit City Washington State DC Zip Code 20003 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861213-10000 Date of Disbursement 01 / 29 / 2009 Amount of Each Disbursement this Period 37.50 [MEMO ITEM] Memo Entry	
C.	Full Name (Last, First, Middle Initial) Amtrak.com Mailing Address 60 Massachusetts Avenue, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861213-20000 Date of Disbursement 02 / 04 / 2009 Amount of Each Disbursement this Period 120.00 [MEMO ITEM] Memo Entry	

SUBTOTAL of Disbursements This Page (optional) ▶

157.50

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Supplies 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-861214 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 84.08 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) BJ Wholesale Mailing Address 13053 Fair Lakes Shopping Ctr City Fairfax State VA Zip Code 22030 Purpose of Disbursement Generic Cmte. Supplies 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-861214-10000 Date of Disbursement 01 / 16 / 2009 Amount of Each Disbursement this Period 62.97 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Fragers Hardware Mailing Address 1115 Pennsylvania Ave SE City Washington State DC Zip Code 20003 Purpose of Disbursement Generic Cmte. Supplies 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-861214-20000 Date of Disbursement 01 / 19 / 2009 Amount of Each Disbursement this Period 21.11 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

84.08

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861215</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 443.76</p> <p>See Attached Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Teleflora.com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90064-0000</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861215-10000</p> <p>Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 110.94</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Teleflora.com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90064-0000</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861215-20000</p> <p>Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 110.94</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

443.76

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Teleflora.com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90064-0000</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861215-30000</p> <p>Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 110.94</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Teleflora.com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90064-0000</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861215-40000</p> <p>Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 110.94</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Catering</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-861216</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 105.41</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

105.41

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tortilla Coast</p> <p>Mailing Address 400 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861216-10000</p> <p>Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 50.16</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy St, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861216-20000</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 55.25</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861217</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 142.16</p> <p>002 Category/ Type</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

142.16

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 325 / 475

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ExxonMobil</p> <p>Mailing Address 8383 Colesville Road</p> <p>City Silver Spring State MD Zip Code 20910</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861217-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.95"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Washington Metro</p> <p>Mailing Address 8400 Colesville Road</p> <p>City Silver Spring State MD Zip Code 29010</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861217-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ExxonMobil</p> <p>Mailing Address 339 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861217-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.21"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861218 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 36.99 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Fedex Mailing Address 942 South Shady Grove Road City Memphis State TN Zip Code 38120 Purpose of Disbursement Generic Cmte. Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861218-10000 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 36.99 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Processing Fees 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-861219 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 33.71 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶	70.70
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 100 North Tryon Street</p> <p>City Charlotte State NC Zip Code 28202</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861219-10000</p> <p>Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 29.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 100 North Tryon Street</p> <p>City Charlotte State NC Zip Code 28202</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861219-20000</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 4.71</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-861220</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 47.36</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

47.36

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Hotel Computing Services</p> <p>Mailing Address 140 East Walton Place</p> <p>City Chicago State IL Zip Code 60611</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-861220-10000</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 7.42</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Hotel Computing Services</p> <p>Mailing Address 140 East Walton Place</p> <p>City Chicago State IL Zip Code 60611</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-861220-20000</p> <p>Date of Disbursement 10 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 6.44</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Business Centers By Vsi</p> <p>Mailing Address 140 East Walton Place</p> <p>City Chicago State IL Zip Code 60611</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-861220-30000</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 24.50</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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Business Centers By Vsi</p> <p>Mailing Address 140 East Walton Place</p> <p>City Chicago State IL Zip Code 60611</p> <p>Purpose of Disbursement Generic Cmte. Printing</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-861220-40000 Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 9.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861221 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 13.72</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Travel Traders</p> <p>Mailing Address 400 New Jersey Ave NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861221-10000 Date of Disbursement 11 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 13.72</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	13.72
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861222 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 939.98 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Loews Hotels The Regency Mailing Address Park Avenue & E 61st Street City New York State NY Zip Code 10021 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861222-10000 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 365.17 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Loews Hotels The Regency Mailing Address Park Avenue & E 61st Street City New York State NY Zip Code 10021 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861222-20000 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 51.18 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

939.98

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Loews Hotels The Regency</p> <p>Mailing Address Park Avenue & E 61st Street</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861222-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <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="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Carmines</p> <p>Mailing Address 1043 North Rush Street</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861222-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) 437 Rush</p> <p>Mailing Address 437 N Rush</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861222-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="74.57"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
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 332 / 475

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Schakolad Chocolate Fact</p> <p>Mailing Address 255 South Orange Ave</p> <p>City Orlando State FL Zip Code 32801</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861222-60000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">4.11</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	3	/	2	0	0	8	4.11
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	3	/	2	0	0	8													
4.11																						
<p>B. Full Name (Last, First, Middle Initial) United Air</p> <p>Mailing Address 1200 East Algonquin Road</p> <p>City Elk Grove Township State IL Zip Code 60007</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861222-70000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">374.50</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	6	/	2	0	0	8	374.50
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	6	/	2	0	0	8													
374.50																						
<p>C. Full Name (Last, First, Middle Initial) Usairways</p> <p>Mailing Address 111 West Rio Salado Parkway</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861222-80000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">17.00</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	6	/	2	0	0	8	17.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	6	/	2	0	0	8													
17.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Capital Square</p> <p>Mailing Address 75 East State Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Travel 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-861222-90000 Date of Disbursement: 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period: 5.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Au Bon Pain</p> <p>Mailing Address 301 Grant Street</p> <p>City Pittsburgh State PA Zip Code 15219</p> <p>Purpose of Disbursement Travel 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-861222-100000 Date of Disbursement: 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period: 14.51</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Flat Breadz</p> <p>Mailing Address 5757 Wayne Newton Blvd</p> <p>City Las Vegas State NV Zip Code 89111</p> <p>Purpose of Disbursement Travel 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-861222-110000 Date of Disbursement: 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period: 7.94</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel 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-861223 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1178.24</p> <p>002 Category/ Type</p> <p>See Attached Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E. Sky Harbor Boulevard</p> <p>City Phoenix State AZ Zip Code 85281</p> <p>Purpose of Disbursement Travel 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-861223-10000 Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 339.60</p> <p>002 Category/ Type</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Amtrak Telep</p> <p>Mailing Address 60 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel 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-861223-20000 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 133.00</p> <p>002 Category/ Type</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1178.24

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Loews Hotels The Regency</p> <p>Mailing Address 540 Park Avenue</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861223-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="605.44"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Loews Hotels The Regency</p> <p>Mailing Address 540 Park Avenue</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861223-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.20"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5261.50"/></p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5261.50"/>
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 336 / 475

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-10000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-20000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-30000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 555 W 18th St <hr/> City New York State NY Zip Code 10011 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861224-40000 Date of Disbursement <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
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	[MEMO ITEM] Memo Entry
	Category/ Type
B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 555 W 18th St <hr/> City New York State NY Zip Code 10011 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861224-50000 Date of Disbursement <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	Amount of Each Disbursement this Period <input type="text" value="170.75"/>
	[MEMO ITEM] Memo Entry
	Category/ Type
C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 555 W 18th St <hr/> City New York State NY Zip Code 10011 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861224-60000 Date of Disbursement <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	Amount of Each Disbursement this Period <input type="text" value="324.50"/>
	[MEMO ITEM] Memo Entry
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="0.00"/>
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-70000 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-80000 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-90000 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</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)

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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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<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-110000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-120000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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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<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-130000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-140000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-150000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</p> <p>[MEMO ITEM] Memo Entry</p>

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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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20	Transaction ID: SB21B-861224-160000 Date of Disbursement 01 / 12 / 2009
	Mailing Address 555 W 18th St	Amount of Each Disbursement this Period 170.75
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Generic Cmte. Events/Meetings	[MEMO ITEM] Memo Entry
	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) Tm -Pres. Inaugural 20	Transaction ID: SB21B-861224-170000 Date of Disbursement 01 / 12 / 2009
	Mailing Address 555 W 18th St	Amount of Each Disbursement this Period 170.75
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Generic Cmte. Events/Meetings	[MEMO ITEM] Memo Entry
	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) Tm -Pres. Inaugural 20	Transaction ID: SB21B-861224-180000 Date of Disbursement 01 / 12 / 2009
	Mailing Address 555 W 18th St	Amount of Each Disbursement this Period 324.50
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Generic Cmte. Events/Meetings	[MEMO ITEM] Memo Entry
	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) ▼	

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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

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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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<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-200000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-210000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</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)

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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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<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-230000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 170.75</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-240000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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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<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-260000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-270000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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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<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-280000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-290000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-300000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-310000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-320000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-330000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-340000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-350000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-360000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-370000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-380000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-390000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-400000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-410000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-420000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-430000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-440000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-450000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>

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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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20	Transaction ID: SB21B-861224-460000 Date of Disbursement 01 / 20 / 2009
	Mailing Address 555 W 18th St	Amount of Each Disbursement this Period -17.00
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Generic Cmte. Events/Meetings	[MEMO ITEM] Memo Entry
	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) Tm -Pres. Inaugural 20	Transaction ID: SB21B-861224-470000 Date of Disbursement 01 / 20 / 2009
	Mailing Address 555 W 18th St	Amount of Each Disbursement this Period -17.00
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Generic Cmte. Events/Meetings	[MEMO ITEM] Memo Entry
	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) Tm -Pres. Inaugural 20	Transaction ID: SB21B-861224-480000 Date of Disbursement 01 / 20 / 2009
	Mailing Address 555 W 18th St	Amount of Each Disbursement this Period -17.00
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Generic Cmte. Events/Meetings	[MEMO ITEM] Memo Entry
	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) ▼	

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0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-490000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 555 W 18th St</p> <p>City New York State NY Zip Code 10011</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861224-500000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861225</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 302.97</p> <p>See Attached Memo Entry</p>

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302.97

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ultra Violet Flowers</p> <p>Mailing Address 1218 31st St NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861225-10000</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 302.97</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1985.82</p> <p>See Attached Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sonoma</p> <p>Mailing Address 223 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-10000</p> <p>Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 93.10</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1985.82

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) St. Regis Hotel</p> <p>Mailing Address 923 16th St NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <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"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Four Seasons Bourbon Stk</p> <p>Mailing Address 2800 Pennsylvania Ave NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="99.60"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Dc Parking Meters</p> <p>Mailing Address 11309 Hawks Ridge Ter</p> <p>City Germantown State MD Zip Code 20878</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2.75"/></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" value=""/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Talay Thai Restaurant</p> <p>Mailing Address 406 1st St SE # 1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-861226-50000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 19.39</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) 701/801 Pennsylvania Ave</p> <p>Mailing Address 701/801 Pennsylvania Avenue</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-861226-60000</p> <p>Date of Disbursement 01 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Chop'T</p> <p>Mailing Address 730 7th St NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-861226-70000</p> <p>Date of Disbursement 01 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 44.72</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Logan Tavern</p> <p>Mailing Address 1423 P St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.54"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Charlie Palmer Steak</p> <p>Mailing Address 101 Constitution Ave NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-90000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.60"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Rasika</p> <p>Mailing Address 633 D St NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-100000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="141.60"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Delta Air</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-110000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">20.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Delta Air</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-120000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">339.60</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Usairways</p> <p>Mailing Address 4000 E. Sky Harbor Blvd</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-130000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">25.00</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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Usairways</p> <p>Mailing Address 4000 E. Sky Harbor Blvd</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-140000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="679.20"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Posto Restaurant</p> <p>Mailing Address 1515 14th St. NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-150000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="116.80"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Posto Restaurant</p> <p>Mailing Address 1515 14th St. NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-160000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="28.10"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Commissary Dc</p> <p>Mailing Address 1443 P St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-170000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.55"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Wholefoods</p> <p>Mailing Address 1440 P St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-180000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.20"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) 701/801 Pennsylvania Ave</p> <p>Mailing Address 701/801 Pennsylvania Avenue</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-190000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></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" value=""/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) 701/801 Pennsylvania Ave</p> <p>Mailing Address 701/801 Pennsylvania Avenue</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Travel 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-861226-200000 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel 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-861226-210000 Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 62.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Delta Air</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 03032</p> <p>Purpose of Disbursement Travel 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-861226-220000 Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period -339.60</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Loews Hotels The Regency</p> <p>Mailing Address 540 Park Ave</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861226-230000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="365.17"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861227</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="80.43"/></p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Dell Sales & Service</p> <p>Mailing Address One Dell Way</p> <p>City Round Rock State TX Zip Code 78682</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861227-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="16.89"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Www.Newegg.Com</p> <p>Mailing Address 9997 E. Rose Hills Road</p> <p>City Whittier State CA Zip Code 90601</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861227-20000 Date of Disbursement 01 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 63.54</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Catering</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-861228 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 906.99</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Four Seasons Hotel Wa F&B</p> <p>Mailing Address 2800 Pennsylvania Ave NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861228-10000 Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 614.80</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	906.99
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Schneiders</p> <p>Mailing Address 300 Massachusetts Ave, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861228-20000 Date of Disbursement 02 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 292.19</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</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-861229 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1390.61</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Jordan Kitts</p> <p>Mailing Address 9520 Baltimore Blvd.</p> <p>City College Park State MD Zip Code 20740</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</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-861229-10000 Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1390.61</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	1390.61
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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Events/Meetings 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-861230 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 1538.93
			See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Hyatt Hotels Denver Grand Mailing Address 1750 Welston Street City Denver State CO Zip Code 80202 Purpose of Disbursement Generic Cmte. Events/Meetings 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-861230-10000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 1538.93
			[MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Events/Meetings 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-861231 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 6721.35
			See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)	8260.28
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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Paypal</p> <p>Mailing Address 1840 Embarcadero Rd.</p> <p>City Palo Alto State CA Zip Code 94303</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861231-10000</p> <p>Date of Disbursement 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Little Hotties Warmers</p> <p>Mailing Address 8731 S. 212th st</p> <p>City Kent State WA Zip Code 98031</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861231-20000</p> <p>Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 401.20</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Toulies En Fleur</p> <p>Mailing Address 4601 Robey Way</p> <p>City Woodbridge State VA Zip Code 22192</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861231-30000</p> <p>Date of Disbursement 01 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 5620.15</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Supplies 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-861232 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 6432.21 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Staples Mailing Address 1250 H Street, NW City Washington State DC Zip Code 20005 Purpose of Disbursement Generic Cmte. Supplies 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-861232-10000 Date of Disbursement 01 / 07 / 2009 Amount of Each Disbursement this Period 456.72 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Toules En Fleur Mailing Address 4601 Robey Way City Woodbridge State VA Zip Code 22192 Purpose of Disbursement Generic Cmte. Supplies 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-861232-20000 Date of Disbursement 01 / 09 / 2009 Amount of Each Disbursement this Period 2275.00 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

6432.21

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Papermart</p> <p>Mailing Address 5361 Alexander Street</p> <p>City Los Angeles State CA Zip Code 90040</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-30000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 208.25</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Paperandmore</p> <p>Mailing Address 4432 Enterprise Street, Suite</p> <p>City Fremont State CA Zip Code 94538</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-40000</p> <p>Date of Disbursement 01 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 91.95</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Target</p> <p>Mailing Address 3101 Jefferson Davis Hwy</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-50000</p> <p>Date of Disbursement 01 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 57.83</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Fedex Kinko'S</p> <p>Mailing Address 715 D Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-60000</p> <p>Date of Disbursement 01 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 133.96</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Paper Source-Gerget</p> <p>Mailing Address 3019 M Street, NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-70000</p> <p>Date of Disbursement 01 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 142.76</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Shoppers Food / Pharmacy</p> <p>Mailing Address 3801 Jefferson Davis Hwy</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-80000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 144.90</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)

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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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 3301 Jefferson Davis Hwy</p> <p>City Alexandria State VA Zip Code 22305</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-90000 Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 47.38</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Edwardmarc.Com/Chocola</p> <p>Mailing Address 1705 East Carson Street</p> <p>City Pittsburgh State PA Zip Code 15044</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-100000 Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1975.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Teleflora.Com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90600</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-110000 Date of Disbursement 01 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 113.94</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Teleflora.Com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90600</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-120000</p> <p>Date of Disbursement 01 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 113.94</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Teleflora.Com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90600</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-130000</p> <p>Date of Disbursement 01 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 113.94</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) A Village Of Flowers</p> <p>Mailing Address 1712 21st Street South</p> <p>City Nashville State TN Zip Code 37212</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-140000</p> <p>Date of Disbursement 01 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 92.86</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Teleflora.Com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90600</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-150000</p> <p>Date of Disbursement 01 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 113.94</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Teleflora.Com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90600</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-160000</p> <p>Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 98.95</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Teleflora.Com</p> <p>Mailing Address 11444 West Olympic Boulevard</p> <p>City Los Angeles State CA Zip Code 90600</p> <p>Purpose of Disbursement Generic Cmte. Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861232-170000</p> <p>Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 98.95</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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Istock International Mailing Address Suite 200 - 1240 20th Ave, SE City Calgary, Alberta State CA Zip Code T2G1M-8 Purpose of Disbursement Generic Cmte. Supplies 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-861232-180000 Date of Disbursement 01 / 29 / 2009 Amount of Each Disbursement this Period 38.00 [MEMO ITEM] Memo Entry
	Category/Type	[]

B. Full Name (Last, First, Middle Initial) Teleflora.Com Mailing Address 11444 West Olympic Boulevard City Los Angeles State CA Zip Code 90600 Purpose of Disbursement Generic Cmte. Supplies 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-861232-190000 Date of Disbursement 01 / 30 / 2009 Amount of Each Disbursement this Period 113.94 [MEMO ITEM] Memo Entry
	Category/Type	[]

C. Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel Candidate Name 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-861233 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 4241.65 See Attached Memo Entry
	Category/Type 002	[]

SUBTOTAL of Disbursements This Page (optional) ▶	4241.65
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Hotel Palomar Arlington</p> <p>Mailing Address 1121 N. 19th Street</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861233-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="659.30"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hotel Palomar Arlington</p> <p>Mailing Address 1121 N. 19th Street</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861233-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="659.30"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hotel Palomar Arlington</p> <p>Mailing Address 1121 N. 19th Street</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861233-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="659.30"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Hotel Palomar Arlington</p> <p>Mailing Address 1121 N. 19th Street</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861233-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1543.50"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Yellow Cab Co.Of Dc</p> <p>Mailing Address 1636 Bladensburg Rd. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861233-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Federal Valet & Car Park</p> <p>Mailing Address 4240 39th Street NW #B</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861233-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <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="350.00"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Yellow Cab Co.Of Dc</p> <p>Mailing Address 1636 Bladensburg Rd. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861233-70000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.25"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Valet & Car Park</p> <p>Mailing Address 4240 39th Street NW #B</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861233-80000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861234</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1387.32"/></p> <p>See Attached Memo Entry</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1387.32"/></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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) ExxonMobil</p> <p>Mailing Address 7340 Wisconsin Ave.</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861234-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.62"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) ExxonMobil</p> <p>Mailing Address 7340 Wisconsin Ave.</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861234-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.26"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) ExxonMobil</p> <p>Mailing Address 7340 Wisconsin Ave.</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861234-30000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.89"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Chevron</p> <p>Mailing Address 5001 Bradley Blvd</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861234-40000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.79"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Talay Thai Restaurant</p> <p>Mailing Address 406 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861234-50000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="28.44"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Sheehy Ford</p> <p>Mailing Address 5000 Auth Rd.</p> <p>City Marlow Height State MD Zip Code 30142</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861234-60000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <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"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1268.32"/></p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel Candidate Name 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-861235 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 24.00 See Attached Memo Entry	002 Category/ Type
B.	Full Name (Last, First, Middle Initial) Washington Metro Mailing Address 600 5th Street NW City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861235-10000 Date of Disbursement 01 / 19 / 2009 Amount of Each Disbursement this Period 24.00 [MEMO ITEM] Memo Entry	002 Category/ Type
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel Candidate Name 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-861236 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 1116.80 See Attached Memo Entry	002 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1140.80
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Virgin America</p> <p>Mailing Address 1731 Adrian Rd</p> <p>City BURLINGAME State CA Zip Code 94010-0000</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861236-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="837.60"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Virgin America</p> <p>Mailing Address 1731 Adrian Rd</p> <p>City BURLINGAME State CA Zip Code 94010-0000</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861236-20000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="279.20"/></p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8302.50"/></p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8302.50"/>
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 Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-10000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-20000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-30000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-40000 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-50000 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-60000 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-70000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-80000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-90000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-100000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-110000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-120000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</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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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-130000 Date of Disbursement <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
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	[MEMO ITEM] Memo Entry
	Category/ Type
B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-140000 Date of Disbursement <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
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	[MEMO ITEM] Memo Entry
	Category/ Type
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	[MEMO ITEM] Memo Entry
	Category/ Type

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-180000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:
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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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	[MEMO ITEM] Memo Entry
	Category/ Type
B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-200000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9
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	[MEMO ITEM] Memo Entry
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	[MEMO ITEM] Memo Entry
	Category/ Type

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**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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<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-230000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-270000</p> <p>Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 324.50</p> <p>[MEMO ITEM] Memo Entry</p>

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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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<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-290000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-360000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>

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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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-370000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-380000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-390000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-400000 Date of Disbursement <input type="text" value="01"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	Amount of Each Disbursement this Period <input type="text" value="-17.00"/>
	[MEMO ITEM] Memo Entry
	Category/ Type
B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-410000 Date of Disbursement <input type="text" value="01"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	Amount of Each Disbursement this Period <input type="text" value="-17.00"/>
	[MEMO ITEM] Memo Entry
	Category/ Type
C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-420000 Date of Disbursement <input type="text" value="01"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	Amount of Each Disbursement this Period <input type="text" value="-17.00"/>
	[MEMO ITEM] Memo Entry
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-430000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-440000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-450000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-460000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-470000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20</p> <p>Mailing Address 514 10th Street NW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861237-480000</p> <p>Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -17.00</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-490000 Date of Disbursement <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	Amount of Each Disbursement this Period <input type="text" value="-17.00"/>
	[MEMO ITEM] Memo Entry
	Category/ Type
B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-500000 Date of Disbursement <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	Amount of Each Disbursement this Period <input type="text" value="-17.00"/>
	[MEMO ITEM] Memo Entry
	Category/ Type
C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-510000 Date of Disbursement <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	Amount of Each Disbursement this Period <input type="text" value="-17.00"/>
	[MEMO ITEM] Memo Entry
	Category/ Type

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 397 / 475

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-520000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period -17.00
	[MEMO ITEM] Memo Entry
	Category/ Type
B. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-530000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period -17.00
	[MEMO ITEM] Memo Entry
	Category/ Type
C. Full Name (Last, First, Middle Initial) Tm -Pres. Inaugural 20 <hr/> Mailing Address 514 10th Street NW <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Generic Cmte. Events/Meetings 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-861237-540000 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period -17.00
	[MEMO ITEM] Memo Entry
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-861238 Date of Disbursement 02 / 23 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 25.00
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Travel Candidate Name	002 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) St. Regis Hotel	Transaction ID: SB21B-861238-10000 Date of Disbursement 01 / 08 / 2009
	Mailing Address 923 16th St NW	Amount of Each Disbursement this Period 25.00
	City Washington State DC Zip Code 20006	
	Purpose of Disbursement Travel Candidate Name	002 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) Bank of America	Transaction ID: SB21B-861240 Date of Disbursement 02 / 23 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 75.75
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Wire Services On Line Svcs. Candidate Name	001 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

SUBTOTAL of Disbursements This Page (optional)	▶	100.75
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) ONE WORLD HOSTING</p> <p>Mailing Address P.O. Box 880</p> <p>City Worthington State OH Zip Code 43085</p> <p>Purpose of Disbursement Wire Services On Line Svcs.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861240-10000 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 9.95</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) GODADDY.COM</p> <p>Mailing Address 14455 N. Hayden Rd. Suite 219</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement Wire Services On Line Svcs.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861240-20000 Date of Disbursement 01 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 65.80</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861241 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 18.05</p> <p>See Attached Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	18.05
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Pizza Boli's</p> <p>Mailing Address 417 8th Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Travel 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-861241-10000 Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 18.05</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees 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-861242 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 29.33</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 100 North Tryon Street</p> <p>City Charlotte State NC Zip Code 28202</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees 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-861242-10000 Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 0.33</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

29.33

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 100 North Tryon Street</p> <p>City Charlotte State NC Zip Code 28202</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861242-20000 Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 29.00</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861243 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 85.53</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Hyatt Hotels Crown Center</p> <p>Mailing Address 2345 McGee Street</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861243-10000 Date of Disbursement 11 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 85.53</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

85.53

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Research Materials 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-861244 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 20.00 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Delaware Corporate & Tax Web Mailing Address 401 Federal Street, Suite 4 City Wilmington State DE Zip Code 19901 Purpose of Disbursement Generic Cmte. Research Materials 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-861244-10000 Date of Disbursement 02 / 04 / 2009 Amount of Each Disbursement this Period 20.00 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Generic Cmte. Publications 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-861245 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 19.95 See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

39.95

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Newslibrary.com</p> <p>Mailing Address 397 Main Street</p> <p>City Chester State VT Zip Code 05143</p> <p>Purpose of Disbursement Generic Cmte. Publications</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-861245-10000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 19.95</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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-861246</p> <p>Date of Disbursement MM / DD / YYYY 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 93.86</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Amazon.com</p> <p>Mailing Address 1200 12th Avenue, Suite 1200</p> <p>City Seattle State WA Zip Code 98144</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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-861246-10000</p> <p>Date of Disbursement MM / DD / YYYY 01 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)	93.86
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 404 / 475

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Pacer Service Center</p> <p>Mailing Address PO Box 70951</p> <p>City Charlotte State NC Zip Code 28272</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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-861246-20000 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 23.28</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Amazon.com</p> <p>Mailing Address 1200 12th Avenue, Suite 1200</p> <p>City Seattle State WA Zip Code 98144</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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-861246-30000 Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 35.88</p> <p>[MEMO ITEM] Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Amazon.com</p> <p>Mailing Address 1200 12th Avenue, Suite 1200</p> <p>City Seattle State WA Zip Code 98144</p> <p>Purpose of Disbursement Generic Cmte. Research Materials</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-861246-40000 Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 4.70</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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 53155 City Phoenix State AZ Zip Code 85072-3155 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861247 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 399.90 See Attached Memo Entry
B.	Full Name (Last, First, Middle Initial) Supershuttle Execu-Car Mailing Address Aviation Blvd & Elm Rd City BWI Airport State MD Zip Code 21240 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861247-10000 Date of Disbursement 02 / 02 / 2009 Amount of Each Disbursement this Period 43.00 [MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) Delta Air Mailing Address 1030 Delta Boulevard City Atlanta State GA Zip Code 30320 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861247-20000 Date of Disbursement 02 / 02 / 2009 Amount of Each Disbursement this Period 300.90 [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

399.90

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) T2 Legends</p> <p>Mailing Address Van Wyck & JFK Expressway</p> <p>City Jamaica State NY Zip Code 11430</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861247-30000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">21.00</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	4	/	2	0	0	9	21.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	0	4	/	2	0	0	9													
21.00																						
<p>B. Full Name (Last, First, Middle Initial) The Olde Bryan Inn</p> <p>Mailing Address 123 Maple Avenue</p> <p>City Saratoga Springs State NY Zip Code 12866</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861247-40000</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">35.00</td> </tr> </table> <p>[MEMO ITEM] Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	5	/	2	0	0	9	35.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	0	5	/	2	0	0	9													
35.00																						
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Wire Services On Line Svcs.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861248</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">3.99</td> </tr> </table> <p>See Attached Memo Entry</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	3	/	2	0	0	9	3.99
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	3	/	2	0	0	9													
3.99																						

SUBTOTAL of Disbursements This Page (optional)	3.99
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) AT&T Wi-Fi</p> <p>Mailing Address 512 North Central Expressway</p> <p>City Richardson State TX Zip Code 75080</p> <p>Purpose of Disbursement Wire Services On Line Svcs. 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-861248-10000 Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 3.99</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 53155</p> <p>City Phoenix State AZ Zip Code 85072-3155</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees 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-861249 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 31.35</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 100 North Tryon Street</p> <p>City Charlotte State NC Zip Code 28202</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees 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-861249-10000 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 29.00</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional) ▶

31.35

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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 100 North Tryon Street</p> <p>City Charlotte State NC Zip Code 28202</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861249-20000</p> <p>Date of Disbursement MM / DD / YYYY 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2.35</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B. Full Name (Last, First, Middle Initial) The Spoken Hub, LLC</p> <p>Mailing Address 259 W. 30th Street Suite 902</p> <p>City New York State NY Zip Code 10001</p> <p>Purpose of Disbursement Generic Cmte. Telemarketing</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-861204</p> <p>Date of Disbursement MM / DD / YYYY 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 9900.00</p>
<p>C. Full Name (Last, First, Middle Initial) Print Mail Communications</p> <p>Mailing Address 7201 Lockport Place</p> <p>City Lorton State VA Zip Code 22079</p> <p>Purpose of Disbursement Generic Cmte. Postage/Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861261</p> <p>Date of Disbursement MM / DD / YYYY 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 258.06</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10158.06

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Brennan Bilberry <hr/> Mailing Address 722 5th St NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Per Diem 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-861252 Date of Disbursement 02 / 25 / 2009	Amount of Each Disbursement this Period 375.00
B.	Full Name (Last, First, Middle Initial) Todd Schulte <hr/> Mailing Address 631 D Street, NW Apt. 230 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Per Diem 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-861253 Date of Disbursement 02 / 25 / 2009	Amount of Each Disbursement this Period 375.00
C.	Full Name (Last, First, Middle Initial) Ryan Rudominer <hr/> Mailing Address 1320 N. Veitech Street Apt. 1201 <hr/> City Arlington State VA Zip Code 22201 <hr/> Purpose of Disbursement Per Diem 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-861257 Date of Disbursement 02 / 25 / 2009	Amount of Each Disbursement this Period 375.00

SUBTOTAL of Disbursements This Page (optional)	1125.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Kelly & Associates Insurance Group, Inc.</p> <p>Mailing Address P.O. Box 630283</p> <p>City Baltimore State MD Zip Code 21263</p> <p>Purpose of Disbursement Insurance</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-861582</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21756.12"/></p> <p>Category/Type</p> <p><input type="text" value=""/></p>
<p>B. Full Name (Last, First, Middle Initial) Brent Kimmel</p> <p>Mailing Address 304 2nd St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861377</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3721.01"/></p> <p>Category/Type</p> <p><input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) Matthew Kehres</p> <p>Mailing Address 2800 Quebec St., NW Apt. 1213</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861380</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2816.22"/></p> <p>Category/Type</p> <p><input type="text" value="001"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Carmela Clendening <hr/> Mailing Address 1390 Kenyon Street, NW Apt.404 <hr/> City Washington State DC Zip Code 20010 <hr/> Purpose of Disbursement Payroll 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-861384 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2157.17
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ari Schoenholtz <hr/> Mailing Address 7125 Fairfax Road <hr/> City Bethesda State MD Zip Code 20814 <hr/> Purpose of Disbursement Payroll 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-861389 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1442.06
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Gabrielle Adler <hr/> Mailing Address 2939 Van Ness Street, NW Apt. 809 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement Payroll 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-861400 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2617.40
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6216.63
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Jessica Santillo <hr/> Mailing Address 2122 Massachusetts Avenue, NW Apt. 832 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement Payroll 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-861405 Date of Disbursement 02 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 2221.62
B.	Full Name (Last, First, Middle Initial) Shirpal Shah <hr/> Mailing Address 1734 P Street, NW Apt. 24 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Payroll 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-861406 Date of Disbursement 02 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 2740.18
C.	Full Name (Last, First, Middle Initial) Andrew Stone <hr/> Mailing Address 1002 O Street, NW <hr/> City Washington State DC Zip Code 20001 <hr/> Purpose of Disbursement Payroll 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-861409 Date of Disbursement 02 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 2821.50

SUBTOTAL of Disbursements This Page (optional) ▶

7783.30

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Stephanie Young</p> <p>Mailing Address 910 M Street, NW #616</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-861411</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3223.63"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Tiffany Deinzer</p> <p>Mailing Address 664 Lexington Place, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-861412</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="655.11"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Daniel O'brien</p> <p>Mailing Address 1734 T Street, NW Unit 1</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-861415</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1642.19"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5520.93"/></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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Jessica Aune</p> <p>Mailing Address 138A North Carolina Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-861417</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2481.34"/></p>
<p>B. Full Name (Last, First, Middle Initial) Yates Baroody</p> <p>Mailing Address 2414 Tunlaw Road NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-861418</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3551.25"/></p>
<p>C. Full Name (Last, First, Middle Initial) Robert Brennan</p> <p>Mailing Address 809 6th St., NW Apt 35</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B-861419</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1542.19"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="7574.78"/></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 Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Lindsey Melander <hr/> Mailing Address 631 D Street, NW Apt. 230 <hr/> City Washington State DC Zip Code 20004 Purpose of Disbursement Payroll 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-861426 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3400.79 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Laura Rose <hr/> Mailing Address 1722 19th Street, NW #703 <hr/> City Washington State DC Zip Code 20009 Purpose of Disbursement Payroll 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-861427 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 864.36 Category/Type: 001
C. Full Name (Last, First, Middle Initial) Gregory Berlin <hr/> Mailing Address 2701 Calvert St., NW Apt. 404 <hr/> City Washington State DC Zip Code 20008 Purpose of Disbursement Payroll 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-861441 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1876.05 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

6141.20

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Nirali Amin</p> <p>Mailing Address 614 Walden Way</p> <p>City Lumberton State NJ Zip Code 08048</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861366</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2480.24"/></p>
<p>B. Full Name (Last, First, Middle Initial) Beth Barefoot</p> <p>Mailing Address 815 Maryland Ave NE Apt. 205</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861367</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3588.01"/></p>
<p>C. Full Name (Last, First, Middle Initial) Emily Elizabeth Charlap</p> <p>Mailing Address 719 D Street, NE Apt. 105</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861368</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2538.65"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="8606.90"/></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 Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) George Connelly <hr/> Mailing Address 113 1/2 Tennessee Ave, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861369 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2096.32
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jacqueline M Forte-Mackay <hr/> Mailing Address 7511 Jaffrey Road <hr/> City Fort Washington State MD Zip Code 20744 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861370 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 7168.37
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Amanda Kohn <hr/> Mailing Address 7746 Wolford Way <hr/> City Lorton State VA Zip Code 22079 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861371 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3158.35
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12423.04

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Kristie Mark</p> <p>Mailing Address 2226 Decatur Place, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861372</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6788.91"/></p>
<p>B. Full Name (Last, First, Middle Initial) Glynis L Mason</p> <p>Mailing Address 1807 D Dewitt Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861373</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4059.39"/></p>
<p>C. Full Name (Last, First, Middle Initial) Wilma J Simms</p> <p>Mailing Address 11644 Lockwood Dr. Apt. 204</p> <p>City Silver Spring State MD Zip Code 20904</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861374</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2151.43"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="12999.73"/></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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Milly C Velez-Cooper</p> <p>Mailing Address 1682 Cedar Hollow Way</p> <p>City Reston State VA Zip Code 20194</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861375</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3430.56"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) William Ermini</p> <p>Mailing Address 2006 Oswald Place</p> <p>City Falls Church State VA Zip Code 20043</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861376</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2854.02"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) David Winston</p> <p>Mailing Address 4141 N. Henderson Rd. Apt. 1213</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861378</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5266.33"/></p> <p>Category/Type: <input type="text" value="001"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Brandon English</p> <p>Mailing Address 1201 S. Courthouse Road #829</p> <p>City Arlington State VA Zip Code 22204</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861379</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2767.18"/></p>
<p>B. Full Name (Last, First, Middle Initial) Jason Rosenbaum</p> <p>Mailing Address 912 F St., NW #503</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Payroll</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-861381</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3900.71"/></p>
<p>C. Full Name (Last, First, Middle Initial) Taryn Rosenkranz</p> <p>Mailing Address 2234 Observatory Place NW</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Payroll</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-861382</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4887.80"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="11555.69"/></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 Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Johanna Berkson <hr/> Mailing Address 7710 Woodmont Ave #805 <hr/> City Bethesda State MD Zip Code 20814 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861383 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3734.63
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Lila Rose <hr/> Mailing Address 1531 North Pierce Street #811 <hr/> City Arlington State VA Zip Code 22209 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861385 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3204.62
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Brian L Wolff <hr/> Mailing Address 1443 Q Street, NW <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861386 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 10565.54
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SUBTOTAL of Disbursements This Page (optional) ▶

17504.79

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Beverly Gilyard <hr/> Mailing Address 2530 Hunters Square Court <hr/> City Reston State VA Zip Code 20191 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861387 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 7695.22
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	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Adam Goldberg <hr/> Mailing Address 2151 California Street, NW Apt. 203 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861388 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2592.56
	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jennifer Pihlaja <hr/> Mailing Address 3300 16th St NW #1015 <hr/> City Washington State DC Zip Code 20010 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861390 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 7608.78
	Category/Type 001
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

17896.56

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 Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bret Wask</p> <p>Mailing Address 224 Gretna Green Court</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861391</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5513.31"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brennan Bilberry</p> <p>Mailing Address 722 5th St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861392</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3126.77"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Adam Broder</p> <p>Mailing Address 3118 Mt. Pleasant St. NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861393</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2713.19"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Nicole Landset</p> <p>Mailing Address 1826 15th Street, NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861394</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="5381.88"/></p>
<p>B. Full Name (Last, First, Middle Initial) Christine Lombardi</p> <p>Mailing Address 1436 E Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861395</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2639.72"/></p>
<p>C. Full Name (Last, First, Middle Initial) Heather McHugh</p> <p>Mailing Address 2130 P Street NW Apt.603</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861396</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4926.09"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12947.69"/>
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 Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Kevin McKeon <hr/> Mailing Address 408 15th St., SE Unit B <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Payroll 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-861397 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3651.38
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kelly Polce <hr/> Mailing Address 1725 New Hampshire Ave., NW Apt #303 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Payroll 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-861398 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2192.92
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Bradley Pollock <hr/> Mailing Address 612 N Oxford St <hr/> City Arlington State VA Zip Code 22203 <hr/> Purpose of Disbursement Payroll 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-861399 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2803.54
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

8647.84

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 Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Stephen Carter	Transaction ID: SB21B-861401 Date of Disbursement 02 / 25 / 2009
	Mailing Address 1207 Constitution Ave., NE	Amount of Each Disbursement this Period 2182.10
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Payroll Candidate Name	001 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) Jennifer Crider	Transaction ID: SB21B-861402 Date of Disbursement 02 / 25 / 2009
	Mailing Address 3634 Gunston Road	Amount of Each Disbursement this Period 7171.90
	City Alexandria State VA Zip Code 22303	
	Purpose of Disbursement Payroll Candidate Name	001 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) Christopher Fitzgerald	Transaction ID: SB21B-861403 Date of Disbursement 02 / 25 / 2009
	Mailing Address 2630 Adams Mill Road, NW Apt. 308	Amount of Each Disbursement this Period 1330.90
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Payroll Candidate Name	001 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) ▶

10684.90

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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Ryan Rudominer</p> <p>Mailing Address 1320 N. Veitech Street Apt. 1201</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Payroll 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-861404 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 4692.17</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Sabrina Siddiqui</p> <p>Mailing Address 1308 Clifton NW #405</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll 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-861407 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 155.39</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Steven Silver</p> <p>Mailing Address 4409 4TH Road North #2</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Payroll 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-861408 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 4011.32</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8858.88

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Douglass Thornell	Transaction ID: SB21B-861410 Date of Disbursement MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 1831 Wyoming Ave. NE #1	Amount of Each Disbursement this Period 1013.01
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Payroll Candidate Name	001 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) Nicole Dorris	Transaction ID: SB21B-861413 Date of Disbursement MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 350 9th Street Apt. 31	Amount of Each Disbursement this Period 578.77
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Payroll Candidate Name	001 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) Debra Guilford	Transaction ID: SB21B-861414 Date of Disbursement MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 1200 N St NW Apt 412	Amount of Each Disbursement this Period 266.39
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Payroll Candidate Name	001 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)	1858.17
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Brigitte Workman <hr/> Mailing Address 1200 N. Veitch St. #623 <hr/> City Arlington State VA Zip Code 22201 <hr/> Purpose of Disbursement Payroll 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-861416 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1352.59
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Amy K. Eckert <hr/> Mailing Address 259 S. Pickett Street #301 <hr/> City Arlington State VA Zip Code 22304 <hr/> Purpose of Disbursement Payroll 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-861420 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 462.64
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Diana Fassbender <hr/> Mailing Address 1629 Columbia Rd NW Apt 630 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Payroll 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-861421 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 4162.78
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SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="5978.01"/>
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 Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Rachel Fischetti <hr/> Mailing Address 2827 28th St., NW #30 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861422 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9	
	Amount of Each Disbursement this Period 3559.29	
	<input type="text" value="001"/> Category/ Type	
	Full Name (Last, First, Middle Initial) Rachel Fischetti <hr/> Mailing Address 2827 28th St., NW #30 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861423 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
Amount of Each Disbursement this Period 882.75		
<input type="text" value="001"/> Category/ Type	Full Name (Last, First, Middle Initial) Meghan Johnson <hr/> Mailing Address 1200 23rd Street NW #706 <hr/> City Washington State DC Zip Code 20037 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861424 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
Amount of Each Disbursement this Period 5518.30		
<input type="text" value="001"/> Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

9960.34

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Melissa Kurek Mailing Address 1741 U St NW Apt 1 City Washington State DC Zip Code 20009 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861425 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 4356.89
B.	Full Name (Last, First, Middle Initial) Nicole M Runge Mailing Address 631 G Street, SE Apt. 1 City Washington State DC Zip Code 20003 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861428 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 699.41
C.	Full Name (Last, First, Middle Initial) Amy Salomone Mailing Address 2568 University Place, N.W. Apt. 2 City Washington State DC Zip Code 20009 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861429 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 3409.32

SUBTOTAL of Disbursements This Page (optional)		8465.62	
TOTAL This Period (last page this line number only)			

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Amy Salomone</p> <p>Mailing Address 2568 University Place, N.W. Apt. 2</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Payroll 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-861430 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 882.75</p>
<p>B. Full Name (Last, First, Middle Initial) Amanda Swenson</p> <p>Mailing Address 4419 N. 4th Road Apt. 2</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Payroll 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-861431 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 3680.76</p>
<p>C. Full Name (Last, First, Middle Initial) Amanda Swenson</p> <p>Mailing Address 4419 N. 4th Road Apt. 2</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Payroll 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-861432 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 308.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4871.51

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Alexander Van Wagner <hr/> Mailing Address 1339 Perry Place NW <hr/> City Washington State DC Zip Code 20010 <hr/> Purpose of Disbursement Payroll 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-861433 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2266.08
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Alexander Van Wagner <hr/> Mailing Address 1339 Perry Place NW <hr/> City Washington State DC Zip Code 20010 <hr/> Purpose of Disbursement Payroll 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-861434 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 306.75
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Louisa Whitney <hr/> Mailing Address 1701 16th St., NW Apt. 721 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Payroll 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-861435 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 6707.52
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9280.35

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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Lauren Dikis</p> <p>Mailing Address 3105 11th St., NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861436</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3306.63"/></p>
<p>B. Full Name (Last, First, Middle Initial) Robert Fenity</p> <p>Mailing Address 2732 Ordway Street NW #6</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861437</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2538.65"/></p>
<p>C. Full Name (Last, First, Middle Initial) Brent Parrish</p> <p>Mailing Address 719 D. St. NE Apt. 301</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861438</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2969.99"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

8815.27

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Stella Ross <hr/> Mailing Address 622 F Street NW # 1 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Payroll 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-861439 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2755.20
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Todd Schulte <hr/> Mailing Address 631 D Street, NW Apt. 230 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Payroll 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-861440 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3688.98
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Angela Guzman <hr/> Mailing Address 1309 N. Glebe Road <hr/> City Arlington State VA Zip Code 22207 <hr/> Purpose of Disbursement Payroll 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-861442 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3809.43
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10253.61

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 Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) David Higa</p> <p>Mailing Address 801 North Monroe St. #407</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861443</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2806.97</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861534</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 103622.28</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861540</p> <p>Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 27738.64</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

134167.89

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 Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Automatic Data Processing Mailing Address 11411 Red Run Blvd. City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Payroll Taxes 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-861539 Date of Disbursement 02 / 25 / 2009
	Amount of Each Disbursement this Period 1090.14 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Automatic Data Processing Mailing Address 11411 Red Run Blvd. City Owings Mills State MD Zip Code 21117 Purpose of Disbursement Payroll Taxes 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-861536 Date of Disbursement 02 / 25 / 2009
	Amount of Each Disbursement this Period 4103.27 Category/Type: 001
C. Full Name (Last, First, Middle Initial) American List Counsel, Inc. Mailing Address P.O. Box 32189 City Hartford State CT Zip Code 06150-2189 Purpose of Disbursement Generic Cmte. List Exchange 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-861264 Date of Disbursement 02 / 26 / 2009
	Amount of Each Disbursement this Period 220.00 Category/Type:

SUBTOTAL of Disbursements This Page (optional) ▶

5413.41

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-861265 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 220.00
B. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-861266 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 100.06
C. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-861267 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 100.06

SUBTOTAL of Disbursements This Page (optional)	420.12
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-861268 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 140.06
B. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-861269 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 84.06
C. Full Name (Last, First, Middle Initial) American List Counsel, Inc. <hr/> Mailing Address P.O. Box 32189 <hr/> City Hartford State CT Zip Code 06150-2189 <hr/> Purpose of Disbursement Generic Cmte. List Exchange 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-861270 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 220.00

SUBTOTAL of Disbursements This Page (optional) ►

444.12

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) AP/Wide World Photos <hr/> Mailing Address PO Box 414262 <hr/> City Boston State MA Zip Code 02241-4262 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861271 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1200.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Share Group, Inc. <hr/> Mailing Address PO Box 55183 <hr/> City Boston State MA Zip Code 02205-5183 <hr/> Purpose of Disbursement Generic Cmte. Telemarketing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861272 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 10962.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Strategic Marketing & Mailing, Inc. <hr/> Mailing Address Attn: Cynthia Tross 3002 N Apollo Dr <hr/> City Champaign State IL Zip Code 61821 <hr/> Purpose of Disbursement Generic Cmte. Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-861273 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 20443.03
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	32605.03
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Carrie James</p> <p>Mailing Address 63 St. German Street #2</p> <p>City Boston State MA Zip Code 02115</p> <p>Purpose of Disbursement Voided Check</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-861263</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period -379.29</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Properties Corporation</p> <p>Mailing Address Operating Account 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Generic Cmte. Rent/Occupancy</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-861274</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 59900.00</p> <p>Category/Type 001</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Properties Corporation</p> <p>Mailing Address Leasehold Account 430 South Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Leasehold Improvements</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-861275</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 4218.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

63738.71

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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Kate Knudson</p> <p>Mailing Address 2715 Cortland Place, NW</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Wireless Service</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-861276</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.39"/></p>
<p>B. Full Name (Last, First, Middle Initial) National Journal Group, Inc.</p> <p>Mailing Address PO Box 64408</p> <p>City Baltimore State MD Zip Code 21264-4408</p> <p>Purpose of Disbursement Generic Cmte. Publications</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-861277</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8734.95"/></p>
<p>C. Full Name (Last, First, Middle Initial) Staged Right Productions, LLC</p> <p>Mailing Address 1772 Sulphur Spring Road Suite 102</p> <p>City Baltimore State MD Zip Code 21227</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861278</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6932.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</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-861279</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 176.86</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Delivery Expense</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-861280</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 68.26</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Generic Cmte. Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861281</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 9.00</p>

SUBTOTAL of Disbursements This Page (optional)	254.12
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Special Events at Union Station</p> <p>Mailing Address 50 Massachusetts Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Generic Cmte. Events/Meetings</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-861282</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 9000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Carrie James</p> <p>Mailing Address 63 St. German Street #2</p> <p>City Boston State MA Zip Code 02115</p> <p>Purpose of Disbursement Telephones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861362</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 379.29</p>
<p>C. Full Name (Last, First, Middle Initial) Automatic Data Processing</p> <p>Mailing Address 11411 Red Run Blvd.</p> <p>City Owings Mills State MD Zip Code 21117</p> <p>Purpose of Disbursement Computer Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861250</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 767.12</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10146.41

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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) DirectAdvantage Marketing	Transaction ID: SB21B-861451 Date of Disbursement 02 / 27 / 2009
	Mailing Address The Outreach Center PO Box 55043	Amount of Each Disbursement this Period 53581.94
	City Boston	State MA
	Zip Code 02205	Category/ Type
Purpose of Disbursement Generic Cmte. Telemarketing		
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) DirectAdvantage Marketing	Transaction ID: SB21B-861452 Date of Disbursement 02 / 27 / 2009
	Mailing Address The Outreach Center PO Box 55043	Amount of Each Disbursement this Period 35450.46
	City Boston	State MA
	Zip Code 02205	Category/ Type
Purpose of Disbursement Generic Cmte. Telemarketing		
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) DirectAdvantage Marketing	Transaction ID: SB21B-861453 Date of Disbursement 02 / 27 / 2009
	Mailing Address The Outreach Center PO Box 55043	Amount of Each Disbursement this Period 13073.87
	City Boston	State MA
	Zip Code 02205	Category/ Type
Purpose of Disbursement Generic Cmte. Telemarketing		
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) ►

102106.27

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) DirectAdvantage Marketing	Transaction ID: SB21B-861454 Date of Disbursement 02 / 27 / 2009
	Mailing Address The Outreach Center PO Box 55043	Amount of Each Disbursement this Period 21827.74
	City Boston State MA Zip Code 02205	
	Purpose of Disbursement Generic Cmte. Telemarketing 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) DirectAdvantage Marketing	Transaction ID: SB21B-861455 Date of Disbursement 02 / 27 / 2009
	Mailing Address The Outreach Center PO Box 55043	Amount of Each Disbursement this Period 33544.70
	City Boston State MA Zip Code 02205	
	Purpose of Disbursement Generic Cmte. Telemarketing 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) RWT Production, LLC	Transaction ID: SB21B-861459 Date of Disbursement 02 / 27 / 2009
	Mailing Address 5624 Bellington Avenue	Amount of Each Disbursement this Period 47228.57
	City Springfield State VA Zip Code 22151	
	Purpose of Disbursement Generic Cmte. Printing 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)	102601.01
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

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Integrated Direct Marketing, LLC <hr/> Mailing Address 1250 Connecticut Avenue, NW Suite 200 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Generic Cmte. Fundraising Svcs Candidate Name Category/ Type <hr/> 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:	Transaction ID: SB21B-861461 Date of Disbursement 02 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 30000.00
B.	Full Name (Last, First, Middle Initial) Emily Sokolski <hr/> Mailing Address 4123 Arkansas Ave., NW <hr/> City Washington State DC Zip Code 20011 <hr/> Purpose of Disbursement Stipend Candidate Name Category/ Type <hr/> 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:	Transaction ID: SB21B-861447 Date of Disbursement 02 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 342.00
C.	Full Name (Last, First, Middle Initial) Brilliant Corners Research, Inc. <hr/> Mailing Address 1336 North Capitol Street, NW 2nd Floor <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Generic Cmte. Polling Candidate Name Dick Versace 005 Category/ Type <hr/> Office Sought: <input checked="" 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: IL District: 18	Transaction ID: SB21B-861448 Date of Disbursement 02 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 12000.00

SUBTOTAL of Disbursements This Page (optional) ▶	42342.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Brilliant Corners Research, Inc.</p> <p>Mailing Address 1336 North Capitol Street, NW 2nd Floor</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Generic Cmte. Polling</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-861449</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 12000.00</p> <p>005 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Brilliant Corners Research, Inc.</p> <p>Mailing Address 1336 North Capitol Street, NW 2nd Floor</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Generic Strategic Political Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861450</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon Business</p> <p>Mailing Address 500 Technology Drive</p> <p>City Weldon Springs State MO Zip Code 63304</p> <p>Purpose of Disbursement Telephones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861456</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 5175.75</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

27175.75

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Red Sage/Spy City Catering</p> <p>Mailing Address 1319 F Street, NW Suite 808</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Generic Cmte. Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-861457</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 613.84</p>
<p>B. Full Name (Last, First, Middle Initial) PC Recycler, Inc.</p> <p>Mailing Address 4005 Westfax Drive Suite A</p> <p>City Chantilly State VA Zip Code 20151</p> <p>Purpose of Disbursement Equipment Rental/Maintenance</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-861458</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 562.00</p>
<p>C. Full Name (Last, First, Middle Initial) UBS Financial Services, Inc.</p> <p>Mailing Address 1501 K Street, NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Retirement</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-861460</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 6961.28</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8137.12

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: SB21B-861462 Date of Disbursement 02 / 27 / 2009
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 45100.37
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal Services Rendered	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) Perkins Coie	Transaction ID: SB21B-861463 Date of Disbursement 02 / 27 / 2009
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 619.04
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal Services Rendered	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) Bank of America, NA	Transaction ID: SB21B-861260 Date of Disbursement 02 / 28 / 2009
	Mailing Address 730 15th Street, NW	Amount of Each Disbursement this Period 30938.01
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Interest	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)	76657.42
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee			Transaction ID: SB21B-861657	
	Mailing Address 430 S Capitol Street, SE			Date of Disbursement MM / DD / YYYY 02 / 28 / 2009	
City Washington		State DC	Zip Code 20003		Amount of Each Disbursement this Period -887.74
Purpose of Disbursement Offset for In-House Contributions			Category/ Type		
Candidate Name Democratic Congressional Campaign Committee					
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) ►

-887.74

TOTAL This Period (last page this line number only) ►

2401488.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)
New York State Democratic Cmte

Transaction ID: SB22-861042

Date of Disbursement

Mailing Address 461 Park Avenue South
10th Floor

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	9

City State Zip Code
New York NY 10016

Amount of Each Disbursement this Period

6170.00

Purpose of Disbursement
Transfer

--

Category/
Type

Candidate Name
New York State Democratic Cmte

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6170.00

TOTAL This Period (last page this line number only)

6170.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB23-861239 Date of Disbursement 02 / 23 / 2009
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 6.99
	City Phoenix State AZ Zip Code 85072-3155	
	Purpose of Disbursement Contribution Candidate Name H. Scott Murphy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) Orbitz	Transaction ID: SB23-861239-10000 Date of Disbursement 02 / 05 / 2009
	Mailing Address 500 W. Madison Avenue, Suite 1	Amount of Each Disbursement this Period 6.99
	City Chicago State IL Zip Code 60661	
	Purpose of Disbursement Contribution Candidate Name H. Scott Murphy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23-861605 Date of Disbursement 02 / 28 / 2009
	Mailing Address 430 S Capitol Street, SE	Amount of Each Disbursement this Period 14.50
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement In-House Fundraising Services Candidate Name Ann Kirkpatrick	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	21.49
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Harry Mitchell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861606</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 17.08</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861607</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 14.99</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Anna Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861608</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 15.37</p>

SUBTOTAL of Disbursements This Page (optional)	47.44
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Mike Honda</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861609</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5.67</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861610</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 7.78</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Linda Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861611</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 8.05</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21.50

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Elizabeth Markey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861612</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 32.90</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Joseph D Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861613</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 11.22</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Jim Himes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861614</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5.72</p>

SUBTOTAL of Disbursements This Page (optional) ▶

49.84

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Alan Mark Grayson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861615 Date of Disbursement: MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5.58</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Debbie Wasserman Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861616 Date of Disbursement: MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 11.78</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861617 Date of Disbursement: MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 15.78</p>

SUBTOTAL of Disbursements This Page (optional)	33.14
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 S Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement In-House Fundraising Services Candidate Name John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-861618 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 15.39
B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 S Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement In-House Fundraising Services Candidate Name John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-861619 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 24.26
C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 S Capitol Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement In-House Fundraising Services Candidate Name Bruce Braley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-861620 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 31.10

SUBTOTAL of Disbursements This Page (optional)	70.75
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Walter Clifford Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District: 01</p>	<p>Transaction ID: SB23-861621</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 13.06</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name William G. Foster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 14</p>	<p>Transaction ID: SB23-861622</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 42.83</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Brad Ellsworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 08</p>	<p>Transaction ID: SB23-861623</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5.94</p>

SUBTOTAL of Disbursements This Page (optional)	61.83
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861624 Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 11.60</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name John A Yarmuth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861625 Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 23.99</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Charlie Melancon, Jr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861626 Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 34.92</p>

SUBTOTAL of Disbursements This Page (optional) ▶

70.51

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Steny Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861627</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 8.80</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Mark Hamilton Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861628</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 25.32</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861629</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 40.45</p>

SUBTOTAL of Disbursements This Page (optional) ►

74.57

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23-861630 Date of Disbursement 02 / 28 / 2009
	Mailing Address 430 S Capitol Street, SE	Amount of Each Disbursement this Period 5.35
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement In-House Fundraising Services	Category/Type
	Candidate Name John Conyers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23-861631 Date of Disbursement 02 / 28 / 2009
	Mailing Address 430 S Capitol Street, SE	Amount of Each Disbursement this Period 13.36
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement In-House Fundraising Services	Category/Type
	Candidate Name Travis W. Childers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB23-861632 Date of Disbursement 02 / 28 / 2009
	Mailing Address 430 S Capitol Street, SE	Amount of Each Disbursement this Period 39.65
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement In-House Fundraising Services	Category/Type
	Candidate Name Paul W. Hodes	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	58.36
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Donald Payne</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861633</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 6.35</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861634</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 8.15</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Steve Israel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861635</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5.28</p>

SUBTOTAL of Disbursements This Page (optional) ▶

19.78

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Jerrold L. Nadler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 08

Transaction ID: SB23-861636

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

8.52

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Charles Rangel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 15

Transaction ID: SB23-861637

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

63.80

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Nita Lowey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 18

Transaction ID: SB23-861638

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

10.51

SUBTOTAL of Disbursements This Page (optional) ►

82.83

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Daniel Benjamin Maffei

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 25

Transaction ID: SB23-861640

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

18.96

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Eric Massa

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 29

Transaction ID: SB23-861641

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

20.80

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Betty S Sutton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 13

Transaction ID: SB23-861642

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

12.12

SUBTOTAL of Disbursements This Page (optional) ►

51.88

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Mary Jo Kilroy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 15

Transaction ID: SB23-861643

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

14.73

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Zachary Space

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 18

Transaction ID: SB23-861644

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

13.21

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 03

Transaction ID: SB23-861645

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

44.44

SUBTOTAL of Disbursements This Page (optional) ▶

72.38

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 05

Transaction ID: SB23-861646

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

28.25

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Joseph A Sestak, Jr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 07

Transaction ID: SB23-861647

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

6.31

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Christopher Paul Carney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 10

Transaction ID: SB23-861648

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

8.78

SUBTOTAL of Disbursements This Page (optional) ►

43.34

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Allyson Schwartz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 13

Transaction ID: SB23-861649

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

23.53

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Michael Doyle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 14

Transaction ID: SB23-861650

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

9.98

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
In-House Fundraising Services

Candidate Name
Jim Langevin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: RI District: 02

Transaction ID: SB23-861651

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

5.25

SUBTOTAL of Disbursements This Page (optional) ▶

38.76

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name John Spratt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861652</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 7.22</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Henry Cuellar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861653</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 6.02</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name James Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861654</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5.89</p>

SUBTOTAL of Disbursements This Page (optional)	19.13
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861655</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 9.71</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name Steve L Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-861656</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 33.28</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S Capitol Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-House Fundraising Services</p> <p>Candidate Name H. Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Primary</p>	<p>Transaction ID: SB23-861639</p> <p>Date of Disbursement 02 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 14.21</p>

SUBTOTAL of Disbursements This Page (optional)	57.20
TOTAL This Period (last page this line number only)	894.73

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Lucien Gillham	Transaction ID: SB28A-860968 Date of Disbursement
	Mailing Address 8406 Pennwood Dr	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Sherwood State AR Zip Code 72120	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Refund Candidate Name	<input type="text" value="10.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="010"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Lucien Gillham	Transaction ID: SB28A-860969 Date of Disbursement
	Mailing Address 8406 Pennwood Dr	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Sherwood State AR Zip Code 72120	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Refund Candidate Name	<input type="text" value="10.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="010"/> Category/Type

C.	Full Name (Last, First, Middle Initial) James Heck	Transaction ID: SB28A-860970 Date of Disbursement
	Mailing Address 12912 Terrace Springs Dr	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Temple Terrace State FL Zip Code 33637	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Refund Candidate Name	<input type="text" value="35.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<input type="text" value="010"/> Category/Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="55.00"/>
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A. Full Name (Last, First, Middle Initial) Margaret Ruttenberg <hr/> Mailing Address 8 Holly Road <hr/> City Waban State MA Zip Code 02468 <hr/> Purpose of Disbursement Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-860967 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sorensen's Resort LLC <hr/> Mailing Address 14225 State Route 88 <hr/> City Hope Valley State CA Zip Code 96120 <hr/> Purpose of Disbursement Earmarked Contribution Refund Candidate Name Sorensen's Resort LLC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-861117 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sushma D. Taylor <hr/> Mailing Address 241 Coleman Dr. <hr/> City San Rafael State CA Zip Code 94901-1208 <hr/> Purpose of Disbursement Earmarked Contribution Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-861118 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7100.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Democratic Congressional Campaign Committee

A.	Full Name (Last, First, Middle Initial) Erick Glanz	Transaction ID: SB28A-861119
	Mailing Address 1406 Claibornue Cir	Date of Disbursement MM / DD / YYYY 02 / 19 / 2009
	City Prescott State AZ Zip Code 86301	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement Contribution Refund Candidate Name	010 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) Erick Glanz	Transaction ID: SB28A-861120
	Mailing Address 1406 Claibornue Cir	Date of Disbursement MM / DD / YYYY 02 / 19 / 2009
	City Prescott State AZ Zip Code 86301	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement Contribution Refund Candidate Name	010 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) Karen Martin	Transaction ID: SB28A-861283
	Mailing Address 700 Arbor Lane	Date of Disbursement MM / DD / YYYY 02 / 26 / 2009
	City Kennett Square State PA Zip Code 19348	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Contribution Refund Candidate Name	010 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) ▶

40.00

TOTAL This Period (last page this line number only) ▶

7195.00

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee Democratic Congressional Campaign Committee
If YES, name the designating committee: Democratic National Committee	Mailing Address 430 South Capitol Street, SE 2nd Floor City: Washington State: DC ZIP Code: 20003

Full Name (Last, First, Middle Initial) of Each Payee Nicholas Papas	Purpose of Expenditure Travel	002 Category/Type
Mailing Address 1441 Rhode Island Ave., NW	Date MM / DD / YYYY 02 / 13 / 2009	
City: Washington State: DC ZIP Code: 20005	Amount 499.99	
Name of Federal Candidate Supported: James D. Esch Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: NE District: 02	Transaction ID: SF-861055	
Aggregate General Election Expenditure for this Candidate ▶ 499.99		

Full Name (Last, First, Middle Initial) of Each Payee Carey International, Inc.	Purpose of Expenditure Travel	002 Category/Type
Mailing Address Billing Department P.O. Box 631414	Date MM / DD / YYYY 02 / 18 / 2009	
City: Baltimore State: MD ZIP Code: 21263-1414	Amount 63.47	
Name of Federal Candidate Supported: Donald J. Cazayoux Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: LA District: 06	Transaction ID: SF-861104	
Aggregate General Election Expenditure for this Candidate ▶ 2290.01		

Full Name (Last, First, Middle Initial) of Each Payee Carey International, Inc.	Purpose of Expenditure Travel	002 Category/Type
Mailing Address Billing Department P.O. Box 631414	Date MM / DD / YYYY 02 / 18 / 2009	
City: Baltimore State: MD ZIP Code: 21263-1414	Amount 63.48	
Name of Federal Candidate Supported: Donald R. Cravins, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: LA District: 07	Transaction ID: SF-861105	
Aggregate General Election Expenditure for this Candidate ▶ 883.63		

SUBTOTAL of Expenditures This Page (optional)	▶ 626.94
TOTAL This Period (last page this line number only)	▶ 626.94

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d)) (To be used only by Political Committees in the General Election)

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 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: Democratic National Committee & New York State Democratic Cmte	Full Name of Subordinate Committee Democratic Congressional Campaign Committee	
	Mailing Address 430 South Capitol Street, SE 2nd Floor	
	City Washington	State ZIP Code DC 20003

Full Name (Last, First, Middle Initial) of Each Payee The Benenson Strategy Group		Purpose of Expenditure Polling	005 Category/Type
Mailing Address 14 East 60th Street Suite 1002		Date MM / DD / YYYY 02 / 18 / 2009	
City New York	State NY	ZIP Code 10022	Amount 10000.00
Name of Federal Candidate Supported H. Scott Murphy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: NY District: 20	Transaction ID: SF-861106
Aggregate General Election Expenditure for this Candidate ▶		10000.00	

SUBTOTAL of Expenditures This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	10000.00