

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="382352.49"/>	<input type="text" value="382352.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="826363.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="539579.77"/>	<input type="text" value="1824817.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1365943.40"/>	<input type="text" value="2207170.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100310.73"/>	<input type="text" value="941537.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1265632.67"/>	<input type="text" value="1265632.67"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Report Covering the Period: From: 10 / 01 / 2014 To: 10 / 15 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	539579.77	1824817.70
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	539579.77	1824817.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	539579.77	1824817.70

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	100310.73	941537.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100310.73	941537.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	100310.73	941537.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100310.73	941537.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	100310.73	941537.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	539579.77	1824817.70
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	-439269.04	-883280.18

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

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

FOR LINE NUMBER: PAGE 6 OF 52
(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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)
A. Maine Democratic Party Victory Non-Federal Account
 Mailing Address 16 Winthrop Street
 City State Zip Code
 Augusta ME 04330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : SA15-7728
 Amount of Each Receipt this Period
 15000.00

Full Name (Last, First, Middle Initial)
B. Padilla for Secretary of State 2014
 Mailing Address 161 Colorado Blvd., Suite 103
 City State Zip Code
 Los Angeles CA 90041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 14500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : SA15-7734
 Amount of Each Receipt this Period
 14500.00

Full Name (Last, First, Middle Initial)
C. Taxpayers forQuinn Inc.
 Mailing Address 676 N LaSalle Drive, Suite 340
 City State Zip Code
 Chicago IL 60654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50869.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : SA15-7735
 Amount of Each Receipt this Period
 21487.20

SUBTOTAL of Receipts This Page (optional)..... ▶ 50987.20
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. MASSACHUSETTS DEMOCRATIC STATE COMMITTEE

Mailing Address 77 Summer Street, 10th Floor

City	State	Zip Code
Boston	MA	02110

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14785.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2014

Transaction ID : SA15-7737

Amount of Each Receipt this Period
14785.69

Full Name (Last, First, Middle Initial)
B. Maine Democratic Party

Mailing Address 16 Winthrop Street

City	State	Zip Code
Augusta	ME	04330

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6831.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2014

Transaction ID : SA15-7736

Amount of Each Receipt this Period
6831.51

Full Name (Last, First, Middle Initial)
C. Cantwell for Women in the Senate 2014

Mailing Address 119 1st Ave S, Suite 320

City	State	Zip Code
Seattle	WA	98104

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA15-7731

Amount of Each Receipt this Period
20000.00

SUBTOTAL of Receipts This Page (optional).....	41617.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Braley Victory Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 2813 Virginia Place
 City Des Moines State IA Zip Code 50321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : SA15-7729
 Amount of Each Receipt this Period
 5400.00

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Maryland Avenue, NE
 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 ▼
 110654.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : SA15-7733
 Amount of Each Receipt this Period
 18020.67

C. Democratic Congressional Campaign Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 South Capitol Street, SE
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 204369.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : SA15-7730
 Amount of Each Receipt this Period
 4600.00

SUBTOTAL of Receipts This Page (optional).....▶	28020.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. DNC SERVICES CORP.
Full Name (Last, First, Middle Initial)
Mailing Address 430 SOUTH CAPITOL ST SE
City WASHINGTON State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 781936.10

Date of Receipt
10 / 07 / 2014
Transaction ID : SA15-7732
Amount of Each Receipt this Period
31000.00

B. Democratic Party of Wisconsin
Full Name (Last, First, Middle Initial)
Mailing Address 110 King Street, Suite 203
City Madison State WI Zip Code 53703
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 46430.78

Date of Receipt
10 / 07 / 2014
Transaction ID : SA15-7761
Amount of Each Receipt this Period
21936.63

C. Taxpayers forQuinn Inc.
Full Name (Last, First, Middle Initial)
Mailing Address 676 N LaSalle Drive, Suite 340
City Chicago State IL Zip Code 60654
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50869.32

Date of Receipt
10 / 07 / 2014
Transaction ID : SA15-7762
Amount of Each Receipt this Period
21882.12

SUBTOTAL of Receipts This Page (optional)..... ▶ 74818.75
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DNC SERVICES CORP.		Date of Receipt
Mailing Address 430 SOUTH CAPITOL ST SE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID : SA15-7738
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25250.40"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="781936.10"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DNC SERVICES CORP.		Date of Receipt
Mailing Address 430 SOUTH CAPITOL ST SE		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID : SA15-7739
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="33000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="781936.10"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeff Merkley for Oregon		Date of Receipt
Mailing Address PO Box 14172		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Portland	OR	97293
FEC ID number of contributing federal political committee.		Transaction ID : SA15-7740
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="14500.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="14500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="72750.40"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Florida Democratic Party

Full Name (Last, First, Middle Initial)
Mailing Address 214 South Bronough Street

City State Zip Code
Tallahassee FL 32301

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA15-7763

Amount of Each Receipt this Period

B. MICHIGAN DEMOCRATIC PARTY

Full Name (Last, First, Middle Initial)
Mailing Address 606 TOWNSEND STREET

City State Zip Code
LANSING MI 48933

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA15-7764

Amount of Each Receipt this Period

C. Braley for Iowa

Full Name (Last, First, Middle Initial)
Mailing Address 2813 Virginia Place

City State Zip Code
Des Moines IA 50321

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA15-7766

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="83481.78"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Braley for Iowa		Date of Receipt
Mailing Address 2813 Virginia Place		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Des Moines	IA	50321
FEC ID number of contributing federal political committee.		Transaction ID : SA15-7765
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="22841.03"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="45682.07"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DNC SERVICES CORP.		Date of Receipt
Mailing Address 430 SOUTH CAPITOL ST SE		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
WASHINGTON	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID : SA15-7758
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="73870.46"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="781936.10"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. South Carolina Democratic Party		Date of Receipt
Mailing Address 915 Lady Street, Suite 111		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbia	SC	29201
FEC ID number of contributing federal political committee.		Transaction ID : SA15-7767
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="47000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="131711.49"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Merkley Victory Fund 2014

Full Name (Last, First, Middle Initial)
Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA15-7756

Amount of Each Receipt this Period
14500.00

B. Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial)
Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204369.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA15-7757

Amount of Each Receipt this Period
3665.55

C. CT Democratic State Central Committee

Full Name (Last, First, Middle Initial)
Mailing Address 30 Arbor Street, Suite 404

City Hartford State CT Zip Code 06106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50026.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : SA15-7768

Amount of Each Receipt this Period
38026.73

SUBTOTAL of Receipts This Page (optional).....▶	56192.28
TOTAL This Period (last page this line number only).....▶	539579.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Paul B. Stovall

Mailing Address c/o Campbell
1213 W. Farwell Ave., #2W

City Chicago State IL Zip Code 60626

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7618

Amount of Each Disbursement this Period

-875.00

Voided Check

Full Name (Last, First, Middle Initial)

B. Paul B. Stovall

Mailing Address c/o Campbell
1213 W. Farwell Ave., #2W

City Chicago State IL Zip Code 60626

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7619

Amount of Each Disbursement this Period

-81.89

Voided Check

Full Name (Last, First, Middle Initial)

C. Charles M. Allen

Mailing Address 3855 Victoria Avenue

City Los Angeles State CA Zip Code 90008

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7620

Amount of Each Disbursement this Period

875.00

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

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

-81.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Durwin Lairy

Mailing Address 612 Rock Creek Church Road, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7621

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Durwin Lairy

Mailing Address 612 Rock Creek Church Road, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7622

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Durwin Lairy

Mailing Address 612 Rock Creek Church Road, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7623

Amount of Each Disbursement this Period

11.57

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

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

786.57

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Justin B. Prelogar

Mailing Address 9935 Lee Circle

City Leawood State KS Zip Code 66206

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7624

Amount of Each Disbursement this Period

13.16

Full Name (Last, First, Middle Initial)

B. Justin B. Prelogar

Mailing Address 9935 Lee Circle

City Leawood State KS Zip Code 66206

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7625

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Justin B. Prelogar

Mailing Address 9935 Lee Circle

City Leawood State KS Zip Code 66206

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7626

Amount of Each Disbursement this Period

875.00

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

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

938.16

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Jane Pyo

Mailing Address 1121 Arlington Blvd., Apt 332

City State Zip Code
Arlington VA 22209

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Transaction ID : SB21B-7627

Amount of Each Disbursement this Period

960.72

Full Name (Last, First, Middle Initial)

B. Jane Pyo

Mailing Address 1121 Arlington Blvd., Apt 332

City State Zip Code
Arlington VA 22209

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Transaction ID : SB21B-7628

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

C. Jane Pyo

Mailing Address 1121 Arlington Blvd., Apt 332

City State Zip Code
Arlington VA 22209

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Transaction ID : SB21B-7629

Amount of Each Disbursement this Period

35.72

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

960.72

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

960.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Paul B. Stovall

Mailing Address c/o Campbell
1213 W. Farwell Ave., #2W

City Chicago State IL Zip Code 60626

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7630

Amount of Each Disbursement this Period

875.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Paul B. Stovall

Mailing Address c/o Campbell
1213 W. Farwell Ave., #2W

City Chicago State IL Zip Code 60626

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2014

Transaction ID : SB21B-7631

Amount of Each Disbursement this Period

81.89

Category/
Type

Full Name (Last, First, Middle Initial)

C. Eric Blackwell

Mailing Address 67 25th Street, #10

City Atlanta State GA Zip Code 30309

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7632

Amount of Each Disbursement this Period

163.35

Category/
Type

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

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

1120.24

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Eric Blackwell

Mailing Address 67 25th Street, #10

City Atlanta State GA Zip Code 30309

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7633

Amount of Each Disbursement this Period

9.13

Full Name (Last, First, Middle Initial)

B. Eric Blackwell

Mailing Address 67 25th Street, #10

City Atlanta State GA Zip Code 30309

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7634

Amount of Each Disbursement this Period

10.80

Full Name (Last, First, Middle Initial)

C. Janice Broderick

Mailing Address 1509 Lexington, #3A

City New York State NY Zip Code 10029

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7635

Amount of Each Disbursement this Period

226.59

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

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

246.52

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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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Katherine Cheng

Mailing Address 417 Smith Street

City State Zip Code
Seattle WA 98109

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7636

Amount of Each Disbursement this Period

327.67

Full Name (Last, First, Middle Initial)

B. Christopher M. Cobbs

Mailing Address 4416 Nash Street, NE

City State Zip Code
Washington DC 20019

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7637

Amount of Each Disbursement this Period

183.00

Full Name (Last, First, Middle Initial)

C. Christopher M. Cobbs

Mailing Address 4416 Nash Street, NE

City State Zip Code
Washington DC 20019

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7638

Amount of Each Disbursement this Period

15.22

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

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

525.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Christopher M. Cobbs

Mailing Address 4416 Nash Street, NE

City Washington State DC Zip Code 20019

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7639

Amount of Each Disbursement this Period

166.14

Full Name (Last, First, Middle Initial)

B. Gabrielle DeFranceschi

Mailing Address 7 Smithfield Drive

City Garnet Valley State PA Zip Code 19060

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7640

Amount of Each Disbursement this Period

160.95

Full Name (Last, First, Middle Initial)

C. Gabrielle DeFranceschi

Mailing Address 7 Smithfield Drive

City Garnet Valley State PA Zip Code 19060

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7641

Amount of Each Disbursement this Period

14.50

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

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

341.59

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Gabrielle DeFranceschi

Mailing Address 7 Smithfield Drive

City State Zip Code
Garnet Valley PA 19060

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7642

Amount of Each Disbursement this Period

16.01

Full Name (Last, First, Middle Initial)

B. Gabrielle DeFranceschi

Mailing Address 7 Smithfield Drive

City State Zip Code
Garnet Valley PA 19060

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7643

Amount of Each Disbursement this Period

560.00

Full Name (Last, First, Middle Initial)

C. Kathryn J. Edwards

Mailing Address 1062 Hillcrest Drive

City State Zip Code
Troy OH 45373

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7644

Amount of Each Disbursement this Period

72.94

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

648.95

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Kathryn J. Edwards

Mailing Address 1062 Hillcrest Drive

City Troy State OH Zip Code 45373

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7645

Amount of Each Disbursement this Period

8.50

Full Name (Last, First, Middle Initial)

B. Kathryn J. Edwards

Mailing Address 1062 Hillcrest Drive

City Troy State OH Zip Code 45373

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7646

Amount of Each Disbursement this Period

25.64

Full Name (Last, First, Middle Initial)

C. Steven Feder

Mailing Address 504 West 111th Street
Apt 44

City New York State NY Zip Code 10025

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7647

Amount of Each Disbursement this Period

171.82

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

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

205.96

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. David Greelish

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7648

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. David Greelish

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7649

Amount of Each Disbursement this Period

221.20

Full Name (Last, First, Middle Initial)

C. David Greelish

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7650

Amount of Each Disbursement this Period

158.60

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

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

1129.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. David Greelish

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7651

Amount of Each Disbursement this Period

123.87

Full Name (Last, First, Middle Initial)

B. David Greelish

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7652

Amount of Each Disbursement this Period

182.00

Full Name (Last, First, Middle Initial)

C. David Greelish

Mailing Address 69 Galen Street, #5

City Watertown State MA Zip Code 02472

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7653

Amount of Each Disbursement this Period

57.50

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

363.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Harvey S. Greene

Mailing Address 7589 N.W. 117th Street

City Parkland State FL Zip Code 33076

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7654

Amount of Each Disbursement this Period

38.61

Full Name (Last, First, Middle Initial)

B. Harvey S. Greene

Mailing Address 7589 N.W. 117th Street

City Parkland State FL Zip Code 33076

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7655

Amount of Each Disbursement this Period

15.32

Full Name (Last, First, Middle Initial)

C. Harvey S. Greene

Mailing Address 7589 N.W. 117th Street

City Parkland State FL Zip Code 33076

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7656

Amount of Each Disbursement this Period

163.35

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

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

217.28

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Harvey S. Greene

Mailing Address 7589 N.W. 117th Street

City Parkland State FL Zip Code 33076

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7657

Amount of Each Disbursement this Period

10.42

Full Name (Last, First, Middle Initial)

B. Harvey S. Greene

Mailing Address 7589 N.W. 117th Street

City Parkland State FL Zip Code 33076

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7658

Amount of Each Disbursement this Period

125.96

Full Name (Last, First, Middle Initial)

C. Daniel Heller

Mailing Address 851 Pacific Street, Apt 1 Rear

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7659

Amount of Each Disbursement this Period

621.25

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

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

757.63

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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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Daniel Heller

Mailing Address 851 Pacific Street, Apt 1 Rear

City State Zip Code
Brooklyn NY 11238

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SB21B-7660

Amount of Each Disbursement this Period

5.33

Full Name (Last, First, Middle Initial)

B. Daniel Heller

Mailing Address 851 Pacific Street, Apt 1 Rear

City State Zip Code
Brooklyn NY 11238

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SB21B-7661

Amount of Each Disbursement this Period

11.45

Full Name (Last, First, Middle Initial)

C. Daniel Heller

Mailing Address 851 Pacific Street, Apt 1 Rear

City State Zip Code
Brooklyn NY 11238

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SB21B-7662

Amount of Each Disbursement this Period

99.05

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

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

115.83

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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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Mike Honda for Congress c/o Contribution Solutions, LLC

Mailing Address 123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement
Refund of Travel Deposit

Candidate Name
Mike Honda for Congress c/o Contribution Solutions, LLC

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

Date of Disbursement

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

Transaction ID : SB21B-7663

Amount of Each Disbursement this Period

6	4	3	2	.	2	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Daniel H. Johnson

Mailing Address 180 N. LaSalle Suite 2750

City Chicago State IL Zip Code 60614

Purpose of Disbursement
Advance Logistics Services

Candidate Name

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

Date of Disbursement

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

Transaction ID : SB21B-7664

Amount of Each Disbursement this Period

8	0	5	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Kathryn A. Kurth

Mailing Address 211 E. Ohio, #2523

City Chicago State IL Zip Code 60611

Purpose of Disbursement
Travel Expense

Candidate Name

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

Date of Disbursement

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

Transaction ID : SB21B-7665

Amount of Each Disbursement this Period

3	8	.	6	1
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	2	7	.	8	6
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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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Jeanne R. Long

Mailing Address 6038 Carlton Way, #203

City Los Angeles State CA Zip Code 90028

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7666

Amount of Each Disbursement this Period

202.35

Full Name (Last, First, Middle Initial)

B. Jeanne R. Long

Mailing Address 6038 Carlton Way, #203

City Los Angeles State CA Zip Code 90028

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7667

Amount of Each Disbursement this Period

244.95

Full Name (Last, First, Middle Initial)

C. Anna Markowitz

Mailing Address 21 Bellair Drive

City Dobbs Ferry State NY Zip Code 10522

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7668

Amount of Each Disbursement this Period

171.82

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

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

619.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Anna Markowitz

Mailing Address 21 Bellair Drive

City Dobbs Ferry State NY Zip Code 10522

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7669

Amount of Each Disbursement this Period

4.95

Full Name (Last, First, Middle Initial)

B. Anna Markowitz

Mailing Address 21 Bellair Drive

City Dobbs Ferry State NY Zip Code 10522

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7670

Amount of Each Disbursement this Period

577.50

Full Name (Last, First, Middle Initial)

C. Anna Markowitz

Mailing Address 21 Bellair Drive

City Dobbs Ferry State NY Zip Code 10522

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7671

Amount of Each Disbursement this Period

112.20

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

694.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7672

Amount of Each Disbursement this Period

98.28

Full Name (Last, First, Middle Initial)

B. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7673

Amount of Each Disbursement this Period

42.03

Full Name (Last, First, Middle Initial)

C. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7674

Amount of Each Disbursement this Period

38.61

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

178.92

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7675

Amount of Each Disbursement this Period

4.50

Full Name (Last, First, Middle Initial)

B. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7676

Amount of Each Disbursement this Period

14.31

Full Name (Last, First, Middle Initial)

C. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7677

Amount of Each Disbursement this Period

193.05

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

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

211.86

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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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Donald H. McCurren

Mailing Address 303 W Lafayette St

City Edina State MO Zip Code 63537-1143

Purpose of Disbursement
Car Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7678

Amount of Each Disbursement this Period

87.91

Full Name (Last, First, Middle Initial)

B. John Oliver McMillan

Mailing Address 1855 Trossachs Blvd SE, #1506

City Sammamish State WA Zip Code 98075

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7679

Amount of Each Disbursement this Period

446.25

Full Name (Last, First, Middle Initial)

C. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7680

Amount of Each Disbursement this Period

344.40

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

878.56

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7681

Amount of Each Disbursement this Period

41.00

Full Name (Last, First, Middle Initial)

B. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7682

Amount of Each Disbursement this Period

90.20

Full Name (Last, First, Middle Initial)

C. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7683

Amount of Each Disbursement this Period

274.34

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

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

405.54

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7684

Amount of Each Disbursement this Period

69.60

Full Name (Last, First, Middle Initial)

B. Tucker A. Minor

Mailing Address 2137 Chesterfield Ave

City Charlotte State NC Zip Code 28205

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7685

Amount of Each Disbursement this Period

20.30

Full Name (Last, First, Middle Initial)

C. Shailagh Murray

Mailing Address 233 1/2 Ninth St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7686

Amount of Each Disbursement this Period

31.95

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

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

121.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Michael O'Mary

Mailing Address 225 W 86th Street, Apt 415

City New York State NY Zip Code 10024

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7687

Amount of Each Disbursement this Period

318.43

Full Name (Last, First, Middle Initial)

B. Michael O'Mary

Mailing Address 225 W 86th Street, Apt 415

City New York State NY Zip Code 10024

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7688

Amount of Each Disbursement this Period

314.18

Full Name (Last, First, Middle Initial)

C. Michael O'Mary

Mailing Address 225 W 86th Street, Apt 415

City New York State NY Zip Code 10024

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7689

Amount of Each Disbursement this Period

577.50

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

1210.11

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. John Oxtoby

Mailing Address 2 Soldiers Field Park, Apt 408

City Boston State MA Zip Code 02163

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7690

Amount of Each Disbursement this Period

178.92

Full Name (Last, First, Middle Initial)

B. Jennifer Benson Polenzani

Mailing Address 7918 Electra Drive

City Los Angeles State CA Zip Code 90046

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7691

Amount of Each Disbursement this Period

202.35

Full Name (Last, First, Middle Initial)

C. Jennifer Benson Polenzani

Mailing Address 7918 Electra Drive

City Los Angeles State CA Zip Code 90046

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7692

Amount of Each Disbursement this Period

244.95

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

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

626.22

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Daniel Raskov

Mailing Address 316 San Vicente Blvd.
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7693

Amount of Each Disbursement this Period

175.37

Full Name (Last, First, Middle Initial)

B. Daniel Raskov

Mailing Address 316 San Vicente Blvd.
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7694

Amount of Each Disbursement this Period

260.93

Full Name (Last, First, Middle Initial)

C. Daniel Raskov

Mailing Address 316 San Vicente Blvd.
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7695

Amount of Each Disbursement this Period

184.60

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

620.90

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Daniel Raskov

Mailing Address 316 San Vicente Blvd.
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7696

Amount of Each Disbursement this Period

13.05

Full Name (Last, First, Middle Initial)

B. Daniel Raskov

Mailing Address 316 San Vicente Blvd.
Suite 209

City Santa Monica State CA Zip Code 90402-1673

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7697

Amount of Each Disbursement this Period

290.75

Full Name (Last, First, Middle Initial)

C. Ethan Rosenzweig

Mailing Address Emory Law
1301 Clifton Road NE

City Atlanta State GA Zip Code 30322

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7698

Amount of Each Disbursement this Period

115.02

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

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

418.82

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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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Ethan Rosenzweig

Mailing Address Emory Law
1301 Clifton Road NE

City Atlanta State GA Zip Code 30322

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7699

Amount of Each Disbursement this Period

38.95

Full Name (Last, First, Middle Initial)

B. Ethan Rosenzweig

Mailing Address Emory Law
1301 Clifton Road NE

City Atlanta State GA Zip Code 30322

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7700

Amount of Each Disbursement this Period

124.04

Full Name (Last, First, Middle Initial)

C. Zhanna Rozenbaum

Mailing Address 171 E. 83rd Street, Apt 6C

City New York State NY Zip Code 10028

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7701

Amount of Each Disbursement this Period

138.45

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

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

301.44

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Zhanna Rozenbaum

Mailing Address 171 E. 83rd Street, Apt 6C

City State Zip Code
New York NY 10028

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7702

Amount of Each Disbursement this Period

27.62

Full Name (Last, First, Middle Initial)

B. Zhanna Rozenbaum

Mailing Address 171 E. 83rd Street, Apt 6C

City State Zip Code
New York NY 10028

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7703

Amount of Each Disbursement this Period

7.44

Full Name (Last, First, Middle Initial)

C. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City State Zip Code
Jersey City NJ 07310

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7704

Amount of Each Disbursement this Period

324.80

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

359.86

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7705

Amount of Each Disbursement this Period

40.12

Full Name (Last, First, Middle Initial)

B. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7706

Amount of Each Disbursement this Period

26.85

Full Name (Last, First, Middle Initial)

C. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7707

Amount of Each Disbursement this Period

109.39

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

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

176.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Robert Stephan

Mailing Address 1200 Cherry Tree Lane

City Godfrey State IL Zip Code 62035

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SB21B-7708

Amount of Each Disbursement this Period

277.26

Full Name (Last, First, Middle Initial)

B. Robert Stephan

Mailing Address 1200 Cherry Tree Lane

City Godfrey State IL Zip Code 62035

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SB21B-7709

Amount of Each Disbursement this Period

35.50

Full Name (Last, First, Middle Initial)

C. Robert Stephan

Mailing Address 1200 Cherry Tree Lane

City Godfrey State IL Zip Code 62035

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SB21B-7710

Amount of Each Disbursement this Period

98.69

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

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

411.45

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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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Robert Stephan

Mailing Address 1200 Cherry Tree Lane

City Godfrey State IL Zip Code 62035

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7711

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Paul B. Stovall

Mailing Address c/o Campbell
1213 W. Farwell Ave., #2W

City Chicago State IL Zip Code 60626

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7716

Amount of Each Disbursement this Period

182.00

Full Name (Last, First, Middle Initial)

C. Matthew Weinberg

Mailing Address 1258 Beacon Street

City Brookline State MA Zip Code 02446

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SB21B-7717

Amount of Each Disbursement this Period

372.75

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

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

574.75

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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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Matthew Weinberg

Mailing Address 1258 Beacon Street

City State Zip Code
Brookline MA 02446

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7718

Amount of Each Disbursement this Period

55.55

Full Name (Last, First, Middle Initial)

B. Matthew Weinberg

Mailing Address 1258 Beacon Street

City State Zip Code
Brookline MA 02446

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7719

Amount of Each Disbursement this Period

35.01

Full Name (Last, First, Middle Initial)

C. Matthew Weinberg

Mailing Address 1258 Beacon Street

City State Zip Code
Brookline MA 02446

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7720

Amount of Each Disbursement this Period

23.57

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

114.13

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SB21B-7721

Amount of Each Disbursement this Period

133.65

Full Name (Last, First, Middle Initial)

B. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SB21B-7722

Amount of Each Disbursement this Period

27.30

Full Name (Last, First, Middle Initial)

C. Tessa Wick

Mailing Address c/o Page Jenkins
433 N. Camden Drive, Suite 600

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	07	/	2014

Transaction ID : SB21B-7723

Amount of Each Disbursement this Period

34.52

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

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

195.47

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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 NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7724

Amount of Each Disbursement this Period

273.35

Full Name (Last, First, Middle Initial)

B. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7725

Amount of Each Disbursement this Period

83.06

Full Name (Last, First, Middle Initial)

C. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2014

Transaction ID : SB21B-7726

Amount of Each Disbursement this Period

86.10

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

442.51

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Benjamin Solomon

Mailing Address 45 Park Lane South, Apt 407

City Jersey City State NJ Zip Code 07310

Purpose of Disbursement
Travel Parking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2014			

Transaction ID : SB21B-7727

Amount of Each Disbursement this Period

5.60

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P O BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
Prepaid Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : SB21B-7748

Amount of Each Disbursement this Period

75000.00

Full Name (Last, First, Middle Initial)

C. Anthony Bernal

Mailing Address 1726 Swann Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			13			2014			

Transaction ID : SB21B-7749

Amount of Each Disbursement this Period

250.00

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

75255.60

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Anthony Bernal

Mailing Address 1726 Swann Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : SB21B-7750

Amount of Each Disbursement this Period

21.69

Full Name (Last, First, Middle Initial)

B. Anthony Bernal

Mailing Address 1726 Swann Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : SB21B-7751

Amount of Each Disbursement this Period

38.65

Full Name (Last, First, Middle Initial)

C. Timothy W. Sneed

Mailing Address 101 S. Whiting Street
Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Airline Baggage Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : SB21B-7752

Amount of Each Disbursement this Period

50.00

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

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

110.34

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. Timothy W. Sneed

Mailing Address 101 S. Whiting Street
Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Advance Logistics Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : SB21B-7753

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

B. Timothy W. Sneed

Mailing Address 101 S. Whiting Street
Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Travel Taxi/Public/POV

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : SB21B-7754

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

C. Timothy W. Sneed

Mailing Address 101 S. Whiting Street
Apt 808

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Travel Fuel

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2014

Transaction ID : SB21B-7755

Amount of Each Disbursement this Period

25.52

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

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

705.52

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL OFFSET ACCOUNT

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA, NA

Mailing Address REGIONAL CENTER, VA2-125-04-01
P.O. BOX 27025

City RICHMOND State VA Zip Code 23261-7025

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2014

Transaction ID : SB21B-7769

Amount of Each Disbursement this Period

124.27

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

124.27

100310.73
